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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 12:46

DOCUMENT # 392051

(9)

1. Corporation Name

JERRY'S OF TALLAHASSEE, INC.

Principal Place of Business

1500 FLORIDA MANGO ROAD, SUITE 19  
P.O. BOX 24618  
W PALM BEACH FL 33416-1618

Mailing Address

1500 FLORIDA MANGO ROAD, SUITE 19  
P.O. BOX 24618  
W PALM BEACH FL 33416-1618

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                             |                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 3. Date Incorporated or Qualified<br>12/01/1971                                                                                                             | 3a. Date of Last Report<br>03/01/1994                   |
| 4. FEI Number<br>59-1369033                                                                                                                                 | Applied For<br>Not Applicable                           |
| 5. Certificate of Status Desired                                                                                                                            | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution                                                                                                   | <input type="checkbox"/> \$5.00 May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                         |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD.  
1600 MIAMI CENTER  
MIAMI FL 33131

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | FL          |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD                      | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PENDERGAST JR, GERARD J | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1500 FLORIDA MANGO ROAD | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | W PALM BEACH FL         | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D                       | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PENDERGAST, LAURA       | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1500 FLORIDA MANGO ROAD | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | W. PALM BEACH FL        | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | STD                     | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RHODES, KAREN P.        | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1500 FLORIDA MANGO ROAD | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | W. PALM BEACH FL        | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | V                       | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PENDERGAST, PAULA       | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1500 FLORIDA MANGO ROAD | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | W. PALM BEACH FL        | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                         | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                         | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                         | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                         | 6.4 CITY - ST - ZIP                                   |                                                                   |

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-95

407-689-9611