## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # 598918

(1)

DONALD L. TUCKER, P.A.

Mailing Address

**FILED** 

Apr 28 1997 8:00am

Secretary of State

116 EAST THIRD AVENUE TALLAHASSEE FL 32303		116 EAST THIRD AVENUE TALLAHASSEE FL 32303-6117						
					3. Date Incorporated or Qualified 01/02/1979	3a. Date of I 04/05/1		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26 262 ROSEHIII DR-N.			59-1869011		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State 28 TA LLA HASSEC, Fla		Election Campaign Financing     Trust Fund Contribution	<b>\_</b>			
Zip 24	Country	29 32312	Count 30					
	9. Name and Address of Current	t Registered Agent		- <del></del>	10. Name and Address of New Reg	Istered Agent		
TUCKER, DONALD L.			8	B1 Name				
	EAST THIRD AVENUE LAHASSEE FL 32303		8	2 Street Addre	ess (P.O. Box Number is Not Acceptabl	e)		
			8	3				
			8	4 City		FL 85	Zip Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State m lamiliar with, and accept the obliga	of Florida, Such change was a	authorized I	by the corporation	oration submits this statement for the proon's board of directors. I hereby accep	roose of chan	ging its registered ent as registered	
SIGNATURE	Signature, typed or printed name of registered ager	it and tale it applicable (NOTE	F Bugistered A	gent signature require	ed when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12	
TITLE	PT	□ DELETE	1.1 TITLE			CI	hange	
NAME	TUCKER, DONALD L		1,2 NAMI	-				
STREET ADDRESS	116 EAST THIRD AVENUE		1.3 STREET ADDRESS		:			
City-St-ZiP	TALLAHASSEE, FL 0		1.4 City	- \$1 - 7∤P				
TITLE		☐ DELFTE	2.1 THLF			□ ci	hange 🔲 Addition	
NAME			2.2 NAM					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP			2.4 CITY-ST-ZIP					
TITLE		☐ DFLFTE	3.1 TITLE			☐ CI	hange 🔲 Addition	
NAME			3.2 NAM	1				
STREET ADDRESS			3 3 STRE	ET ADDRESS				
CITY-ST-ZIP	<u> </u>		3.4. Cf1 Y					
TITLE	DELETÉ 4.17		4.1 TITLE			□ CI	hange 🔲 Addition	
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 S1RE	E1 ADDRESS				
CITY-ST-ZIP			4.4 CITY	- S1 - 7IP				
TITLE		☐ DELETE	5.1 TOLE			□ CI	hange 🔲 Addition	
NAME	5.21		5.2 NAM		,			
STREET ADDRESS			5 3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	- S1 - 71P				
TITLE	DELETE 61		6 1 7011			CI	hange 🔲 Addition	
NAME			6.2 NAM					
STREET ADDRESS			6.3 STRE	ET ADDRESS				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 logal 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 challeged, or on an attachment with an address.

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4/2./47

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