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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

709716

(5)

TALLACON, INC.

DOCUMENT #

Principal Place of Business

Mailing Address



909 N. GADSDEN STREET TALLAHASSEE FL 32303-6315		909 N. GADSDEN STREET TALLAHASSEE FL 32303-6315					
					<ol> <li>Date Incorporated or Qualified</li> <li>10/05/1965</li> </ol>	3a. Date of Last 01/23/1	
, Principa' Plac	se of Business	2a. Mailing Address			4. FEI Number	<b>1</b> —+-	Applied For
Threspan race of Education		26			59-2351172		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Crty & State		City & State			Election Campaign Financing     Trust Fund Contribution	Ll Adde	May Be d to Fees
Zip	Country	Zip	Count	ry	This corporation has liability for in Florida Statutes	ntangible tax under s. ] Yes XNo	199.032,
L	25	29	30		10. Name and Address of New Re		
	9. Name and Address of Curren	it Hegistered Agent		1 Name			
1571 CLI	rland, H.P. Ifford Hill RD Assee Fl 32308			Street Add	dress (P.O. Box Number is Not Acceptable	e)	
			Į -	14 City		FL ) -	p Code
	o the provisions of Sections 617.0502 ad agent, or both, in the State of Flori n, and accept the obligations of, Sect			e-named corpo rporation's boa	oration submits this statement for the purp and of directors. I hereby accept the appo	pose of changing its i pintment as registered	registered off Lagent, Lam
IGNIATURE						DA*E	
			NOTE: Conscioused 4	more sizuationa remain	red when hinstation:		
	Signature, typed or printed name of registerent agen	R Brid att in all thomas	NOTE: Registered A	gent signature requir	ADDITIONS/CHANGES TO OFF		ORS IN 12
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14. I do hereby certify that the information supplied with this filing is voluntarily turnished and obes lift quality to the extraction and that my signature shall have the same legal effect as if made under 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 certify that it is my another or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. P. SDUTHERLAND, SEC-TREAS.

2/9/96 656-294

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Daytime Ptyone #