

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 709716 (5)
1. Corporation Name
TALLACON, INC.



Principal Place of Business Mailing Address
909 N. GADSDEN STREET 909 N. GADSDEN STREET
TALLAHASSEE FL 32303-6315 TALLAHASSEE FL 32303-6315

3. Date Incorporated or Qualified 10/05/1965 3a. Date of Last Report 01/23/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2351172	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

SOUTHERLAND, H.P.
1571 CLIFFORD HILL RD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUDZYNA, ED	
STREET ADDRESS	1108 CUERNO ST	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAWHINNEY, BURREL	
STREET ADDRESS	2321 ARMISTEAD RD	
CITY - ST - ZIP	TALLA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARTIN, JOHN	
STREET ADDRESS	2909 LASSWADE DR	
CITY - ST - ZIP	TALLA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EUBANKS, ED	
STREET ADDRESS	4709 FLOERERWOOD DR	
CITY - ST - ZIP	TALLA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMYLY, MARGARET	
STREET ADDRESS	1108 CUERNO ST.	
CITY - ST - ZIP	TALLA, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SOUTHERLAND, H.P.	
STREET ADDRESS	1571 CLIFFORD HILL RD	
CITY - ST - ZIP	TALLA, FL 0	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

H.P. Southerland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. P. SOUTHERLAND, SEC.-TREAS.

2/9/96

Date

656-2943

Daytime Phone #

CR2E037 (12/95)