

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709716** (5)

1. Corporation Name
TALLACON, INC.

Principal Place of Business 909 N. GADSDEN STREET TALLAHASSEE FL 32303-6315	Mailing Address 909 N. GADSDEN STREET TALLAHASSEE FL 32303-6315
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/05/1965	4. FEI Number 59-2351172	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDZYNA, ED	1.2 NAME	JUDSON ORRICK
STREET ADDRESS	1108 CUERNO ST	1.3 STREET ADDRESS	1304 GOLF TERRACE DRIVE
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALLAHASSEE, FLA 32301
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAWHINNEY, BURREL	2.2 NAME	MARYBETH PARKER
STREET ADDRESS	2321 ARMISTEAD RD	2.3 STREET ADDRESS	1712 MONTICELLO DRIVE
CITY-ST-ZIP	TALLA, FL 00000	2.4 CITY-ST-ZIP	TALLAHASSEE, FLA - 32303
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARTIN, JOHN	3.2 NAME	
STREET ADDRESS	2809 LASSWADE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUBANKS, ED	4.2 NAME	
STREET ADDRESS	4709 FLOREWOOD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMYLY, MARGARET	5.2 NAME	GREG MOSIER
STREET ADDRESS	1108 CUERNO ST.	5.3 STREET ADDRESS	1612 REDWOOD DRIVE
CITY-ST-ZIP	TALLA, FL 00000	5.4 CITY-ST-ZIP	TALLAHASSEE, FLA 32301
TITLE	STD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTHERLAND, H.P.	6.2 NAME	
STREET ADDRESS	1571 CLIFFORD HILL RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLA, FL 0	6.4 CITY-ST-ZIP	

14. I 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 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 in an attachment with an address.

SIGNATURE: **H.P. SOUTHERLAND - SEC-TREAS** **1/10/98** **656-2943**

CR2E037 (10/97)