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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 709716

1. Corporation Name

TALLACON, INC.

Principal Place of Business

Mailing Address

Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90085 047 ****61.25

909 N. GADSD TALLAHASSEE	EN STREET FL 32303-6315	909 n. gadsden street Tallahassee FL 32303-631:	5					A promotion of the control of the co
<u> </u>	lace of Business	2a. Mailing Address	···········	· · · ·	3. Date Incorporated or Qualifed 10/05/1965	· · · · · ·		
21		26						mind For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 59-2351172			plied For
22	1.00	27			33 2031112		\$8.75	
City & Stat	e	City & State			5. Certifcate of Status Desired		Fee Re	
23		28	Country		5 5			
Zip	Country	Zip	¬ .		Election Campaign Financing Trust Fund Contribution		\$5.00 Added	- 1
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2	29 3	<u> </u>		10. Name and Address of New R	egistered A		10 1 000
-	9. Name and Address of Curre	ant Registered Agent	81	Name	To literate and Francisco		9	
SOUTHERLAND, H.P.			82	Street Ad	reet Address (P.O. Box Number is Not Acceptable)			
1571 CLIFFORD HILL RD		83						
TALLAHAS	SSEE FL 32308		63					
			84	City		FL	85 Zip (Code
l office or r	registered agent, or both, in the State im familiar with, and accept the oblig	le of Florida. Such change was autigations of, Section 617.0503, Florid	la Statutes.	тө согрога	rporation submits this statement for the tion's board of directors. I hereby accep	t the appoint	ment as re	gistered
Organization (April 2017)								
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	FICERS AND	DIRECTO	DRS IN 12
12.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AND DIRECTORS	13.			FICERS AND	☐ Change	DRS IN 12
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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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: H

TALLA, FL 0

CITY-ST-ZIP