

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709716

1. Entity Name

TALLACON, INC.

FILED

Jan 16, 2002 8:00 am  
Secretary of State

01-16-2002 90198 011 \*\*\*\*61.25

Principal Place of Business

909 N. GADSDEN STREET  
TALLAHASSEE FL 32303-6315

Mailing Address

909 N. GADSDEN STREET  
TALLAHASSEE FL 32303-6315

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2351172

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

|                                                |                                                                         |                                                        |
|------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>ORRICK, JUDSON<br>1304 GOLF TERRACE DRIVE<br>TALLAHASSEE FL 32301 | <input type="checkbox"/> Delete                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MEYER, JAMES B<br>676 RIGGINS RD.<br>TALLAHASSEE FL 32303          |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | B<br>PARTIN, JOHN<br>2909 LASWADE DR<br>TALLAHASSEE FL                  | <input checked="" type="checkbox"/> Delete<br>DECEASED |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CARROUTH, ROBERT<br>2118 W RANDOLPH CIRCLE<br>TALLAHASSEE FL 32312 | <input type="checkbox"/> Delete                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NEWCOMER, JON<br>2093 VICTORY GARDEN LN<br>TALLAHASSEE FL 32301    | <input type="checkbox"/> Delete                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>SOUTHERLAND, H.P.<br>1571 CLIFFORD HILL RD<br>TALLAHASSEE FL     | <input type="checkbox"/> Delete                        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                         |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>STANLEY B. PARSONS</del><br>519 SHORT ST.<br>TALLAHASSEE FL 32308  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | JIM CRAIG<br>1403 FAIRWAY DRIVE<br>TALLAHASSEE FL 32301                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 1303 HARRISON<br>2021 CHOWKEEBIN AVENUE<br>TALLAHASSEE FL 32300         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SOUTHERLAND, H.P.<br>1571 CLIFFORD HILL RD<br>TALLAHASSEE FL 32302 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Stanley B. Parsons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/02

850/234-1220  
Date Daytime Phone #

CR2E037 (9/01)