

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90239 039 *****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 709716 1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 ☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2351172				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTHERLAND, H.P. 1671 CLIFFORD HILL RD TALLAHASSEE, FL 32309			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering)					
FILE NOW - FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ORRICK, JUDSON 1304 GOLF TERRACE DRIVE TALLAHASSEE, FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, JAMES B 676 RIGGINS RD. TALLAHASSEE, FL 32303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIG, JIM 1403 FAIRWAY DRIVE TALLAHASSEE, FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROUTH, ROBERT 2116 W RANDOLPH CIRCLE TALLAHASSEE, FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWCOMER, JON 2093 VICTORY GARDEN LN TALLAHASSEE, FL 32301	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STANLEY B PARSONS 519 SHORT ST TALLAHASSEE, FL 32308 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SOUTHERLAND, H.P. 1571 CLIFFORD HILL RD TALLAHASSEE, FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUTHERLAND, H.P. 1571 CLIFFORD HILL RD TALLAHASSEE, FL 32312 ☐ Change ☐ 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 life empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/14/03 750/234-1220 Daytime Phone #		

CR2E037 (10/02)