

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$236.25).

FILED
Aug 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **759188** (6)

1. Corporation Name

TURN ABOUT, INC. OF TALLAHASSEE

Principal Place of Business

Mailing Address

2771 MICCOSUKEE RD.
P O BOX 13488 (32317)
TALLAHASSEE FL 32308

2771 MICCOSUKEE RD.
P O BOX 13488 (32317)
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/16/1981

3a. Date of Last Report

03/04/1996

4. FEI Number

59-2147472

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

YOUNG, PH.D LINDA R.
2771 MICCOSUKEE ROAD
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRECKENRIDGE, CHARLES	
STREET ADDRESS	1460 LIVE OAK DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DREW, MITCHELL	
STREET ADDRESS	215 DELTA COURT	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WALTERS, ABBY	
STREET ADDRESS	203 E. MERIDIAN DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEWIS, RANDY	
1.3 STREET ADDRESS	2074 RAYMOND DIEHL RD.	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32308	

2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RAY, MARTHA	
2.3 STREET ADDRESS	119 E. MERIDIANNA DR.	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32312	

3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	YATES, SHIRLEY	
3.3 STREET ADDRESS	ROUTE 3, BOX 549	
3.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32308	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

7/24/97 (904) 3859200

CR2E037 (4/97)