

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90002 025 ****61.25

DOCUMENT # 759188

1. Corporation Name

TURN ABOUT, INC. OF TALLAHASSEE

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

07/16/1981

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

9. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

12. ☒ DELETE

TITLE PD
NAME LEWIS, RANDY
STREET ADDRESS 2074 RAYMOND DIEHL RD
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE SD ☒ DELETE

NAME RAY, MARTHA
STREET ADDRESS 119 E MERIDIANNA DR
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE TD ☒ DELETE

NAME YATES, SHIRLEY
STREET ADDRESS ROUTE 3 BOX 549
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Blanton, Garrett
1.3 STREET ADDRESS 2728 W. Hannon Hill Dr.
1.4 CITY-ST-ZIP Tallahassee, Fl. 32308

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Sauers, Becky
2.3 STREET ADDRESS 7505 Preservation Road
2.4 CITY-ST-ZIP Tallahassee, Fl. 32312

3.1 TITLE SD ☒ Change ☐ Addition

3.2 NAME Ray, Martha
3.3 STREET ADDRESS 119 E. Meridianna Dr.
3.4 CITY-ST-ZIP Tallahassee, Fl. 32312

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

Daytime Phone #

CR2E037 (11/98)