FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760136 (2)

1. Corporation Name

THE TALLAHASSEE BACH PARLEY, INC.

Principal Place of Business: 1127 VICTORY GARDEN DR, TALLAHASSEE FL 32301

Mailing Address: 1127 VICTORY GARDEN DR, TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: 09/22/1981
3a. Date of Last Report: 02/13/1995
4. FEI Number: 59-2209177 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

LOUWENAAR, KARYL J.
1127 VICTORY GARDEN DR
TALLAHASSEE FL 32301

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 ______ DATE ______

12 OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LOUWENAAR, KARYL J.	
STREET ADDRESS	1127 VICTORY GARDEN DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	☐ DELETE
NAME	APPLEGATE, PATRICIA C	
STREET ADDRESS	1126 LOTHIAN DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	CORZINE, MICHAEL	
STREET ADDRESS	2318 VINKARA DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	☐ DELETE
NAME	HAMMOND, GERRY	
STREET ADDRESS	1322 MILTON ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	AHLQUIST, JON	
STREET ADDRESS	301 E. LAKESHORE DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	☐ DELETE
NAME	CUMMINGS, GEORGE	
STREET ADDRESS	1508 RAA AVE	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 am hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Patricia C. Applegate Patricia C. Applegate 1/22/96 (904) 386-3812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)