

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90195 018 ***150.00

DOCUMENT # F39584

1. Entity Name
MTLC OF TALLAHASSEE, INC.



Principal Place of Business
1425 PIEDMONT DR. E.
101
TALLAHASSEE, FL 32308 US

Mailing Address
PO BOX 15949
TALLAHASSEE, FL 32317 US

40063310



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2113388

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVID M. MOORE SR
1425 PIEDMONT DR. E.
#301
TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
COLLINS, LINDA M.
1425 PIEDMONT DR E. #101
TALLAHASSEE, FL 0,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
COLLINS, JOHN T
1425 PIEDMONT DR STE 101
TALLAHASSEE, FL 0,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
LAUDER, DALE
1425 PIEDMONT DR E #301
TALLAHASSEE, FL 0,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
TATE, DALTON A, JR
1425 PIEDMONT DR E. #301
TALLAHASSEE, FL 0,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
WILLIAMS, DANA M.
6672 CROOKED CREEK RD.
TALLAHASSEE, FL 0,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
MOORE, DAVID M, SR
1425 PIEDMONT DR E. #301
TALLAHASSEE, FL 0,

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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:

David M. Moore Sr. - David M. Moore, Sr. 4/24/06 (850) 386-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #