

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 MAR 25 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J84332 (2)

1. Corporation Name

MSC INC. OF TALLAHASSEE



Principal Place of Business

1401 MACLAY COMMERCE DRIVE
TALLAHASSEE FL 32312

Mailing Address

1401 MACLAY COMMERCE DRIVE
TALLAHASSEE FL 32312

2. Principal Place of Business

2a. Mailing Address

21 3446 Martin Hurst Rd.

26 3446 Martin Hurst Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Tallahassee, Fla.

28 Tallahassee Fla.

24

29

Zip

Country

Zip

Country

32312

LEON

32312

LEON

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/27/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2847162

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

10. Name and Address of New Registered Agent

COLLINS, MARTHA S.
1551 GARDEN PARK
TALLAHASSEE FL 32308

81 Name

W. Ronnie Collins

82 Street Address (P.O. Box Number is Not Acceptable)

3446 Martin Hurst Rd.

83

Tallahassee

84 City

Tallahassee

FL

85 Zip Code

Fla.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE W. Ronnie Collins

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

3/25/96

12. OFFICERS AND DIRECTORS

TITLE P COLLINS, MARTHA S. DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
1551 GARDEN PK
TALLAHASSEE FL

TITLE S COLLINS, RHONDA DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
3446 MARTIN HURST RD
TALLAHASSEE FL

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 P S Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
W. Ronnie Collins
3446 Martin Hurst Rd.
Tallahassee, Florida

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

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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Ronnie Collins 3/25/96

Date

Daytime Phone #

893-2414
545-0619

CR2E034 (12/95)