

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

**APPROVED
AND
FILED**

96 MAR 25 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996

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

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**

3. Date Incorporated or Qualified: **07/27/1987**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 3446 Martin Hurst Rd.**

2a. Mailing Address: **26 3446 Martin Hurst Rd.**

4. FEI Number: **59-2847162**

Applied For: Not Applicable

22. City & State: **Tallahassee, Fla.**

27. City & State: **Tallahassee Fla.**

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

23. Zip: **32312** Country: **LEON**

28. Zip: **32312** Country: **LEON**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent: **COLLINS, MARTHA S. 1551 GARDEN PARK TALLAHASSEE FL 32308**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

10. Name and Address of New Registered Agent

81 Name: **W. Ronnie Collins**

82 Street Address (P.O. Box Number is Not Acceptable): **3446 Martin Hurst Rd.**

83 City: **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 (NOTE: Registered Agent Signature required when re-registering) DATE: **3/25/96**

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, MARTHA S.	
STREET ADDRESS	1551 GARDEN PK	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, RHONDA	
STREET ADDRESS	3446 MARTIN HURST RD	
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	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	W. Ronnie Collins	
1.3 STREET ADDRESS	3446 Martin Hurst Rd.	
1.4 CITY-ST-ZIP	Tallahassee, Florida	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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 in an attachment with an address.

SIGNATURE: W. Ronnie Collins DATE: **3/25/96** 893-2414
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **3/25** 545-0619
DATE TIME PHONE #

CR2E034 (12/95)