

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 21 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L23627 (7)

1. Corporation Name

THE TACK ROOM INC.

Principal Place of Business

208 S. MAIN STREET  
BUSHNELL FL 33513

Mailing Address

208 S. MAIN STREET  
BUSHNELL FL 33513

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/16/1989

3a. Date of Last Report

06/14/1994

4. FEI Number

59-2974184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, CURTIS  
218 NORTH BROAD STREET  
BUSHNELL 33513

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                  |
|----------------|------------------|
| TITLE          | PC               |
| NAME           | ALLEN, CURTIS    |
| STREET ADDRESS | 218 N. BROAD ST. |
| CITY-ST-ZIP    | BUSHNELL FL      |
| TITLE          | VDS              |
| NAME           | ALLEN, BRENDA E. |
| STREET ADDRESS | 218 N. BROAD ST. |
| CITY-ST-ZIP    | BUSHNELL FL      |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY-ST-ZIP    |                  |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY-ST-ZIP    |                  |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY-ST-ZIP    |                  |

|                    |                           |                                                                              |
|--------------------|---------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | VICE PRESIDENT, TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | CARYL BEAVERS             |                                                                              |
| 1.3 STREET ADDRESS | 212 N. BROAD ST.          |                                                                              |
| 1.4 CITY-ST-ZIP    | BUSHNELL, FL 33513        |                                                                              |
| 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; that the recolor or trustor 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:

CURTIS B. ALLEN

MAR 17, 1995

904-793-3471

Signature and typed or printed name of signing officer or director

Date

Telephone Number