SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED; MINIMUM AMOUNT DUE TO REINSTATE: $278)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 19 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L52719** **(6)**

1. Corporation Name
THE BOARDWALK OF TALLAHASSEE, INC.

Principal Place of Business	Mailing Address
P. O. BOX 12265 TALLAHASSEE FL 32317	P. O. BOX 12265 TALLAHASSEE FL 32317

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/26/1990
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business
21 1519 NE CAPITAL CIRCLE
Suite, Apt. #, etc. 22
City & State 23 TALLAHASSEE, FL
Zip 24 32304 Country 25 USA

2a. Mailing Address
26 1519 NE CAPITAL CIRCLE
Suite, Apt. #, etc. 27
City & State 28 TALLAHASSEE, FL
Zip 29 32304 Country 30 USA

4. FEI Number: 59-2992994 ☐ 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

9. Name and Address of Current Registered Agent

BIST, MICHAEL P.
1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name: KIMBERLY A BRAHIER
82 Street Address (P.O. Box Number is Not Acceptable): 6552 ALAN A DALE
83
84 City: TALLAHASSEE FL 85 Zip Code: 32308

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: KIMBERLY BRAHIER Kimberly Brahier VP DATE: 7/8/95
Signature, typed or printed name of registered agent and title if applicable (REQUIRED: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	CARRITT, RICHARD W.	1.2 NAME	CHRISTOPHER STOKES	
STREET ADDRESS	1769 VINEYARD WAY	1.3 STREET ADDRESS	6552 ALAN A DALE	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	DV	2.1 TITLE	DVST	☒ Change ☐ Addition
NAME	CARRITT, PATRICIA A.	2.2 NAME	KIMBERLY BRAHIER	
STREET ADDRESS	1769 VINEYARD WAY	2.3 STREET ADDRESS	6552 ALAN A DALE	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	SD	3.1 TITLE	DV	☒ Change ☐ Addition
NAME	JONES, CONNIE S	3.2 NAME	MALCOLM STOKES	
STREET ADDRESS	2019 FAULK DRIVE	3.3 STREET ADDRESS	4067 ROSCILER	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32304	
TITLE	TD	4.1 TITLE		☒ Change ☐ Addition
NAME	REESE, CHRISTINE A	4.2 NAME		
STREET ADDRESS	225 WHETHERBINE WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(i), 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: KIMBERLY BRAHIER Kimberly Brahier 7/8/95 904-656-6722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

012050 FP