

FILED
May 31, 2000 8:00 am
Secretary of State

B0101341

DOCUMENT # L81918						FILED May 31, 2000 8:00 am Secretary of State 05-31-2000 90066 031 ***558.75	
1. Entity Name Talisman Restaurant & Gift Shop, Inc. (Other Name)							
Principal Place of Business 310 E. Paridson St. Bartow, FL 33830			Mailing Address				
2. Principal Place of Business Suite, Apt., #, etc.			3. Mailing Address Suite, Apt., #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 05-0197722		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name Vicky Jenkins			
				Street Address (P.O. Box Number is Not Acceptable) 901 NE First St.			
				Fort Meade,			
				City Fort Meade FL Zip Code 33841			
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.							
SIGNATURE Vicky Jenkins Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating) DATE 5/2/00			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State			
				10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE President <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME Vicky Jenkins				NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 901 NE First St				STREET ADDRESS			
CITY-ST-ZIP Fort Meade FL 33841				CITY-ST-ZIP			
TITLE Vice-President <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME Maria Lane				NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 1845 Hwy 17 N.				STREET ADDRESS			
CITY-ST-ZIP Fort Meade, FL 33841				CITY-ST-ZIP			
TITLE Treasurer <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME Donn Z. Lane				NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 1845 Hwy 17 N.				STREET ADDRESS			
CITY-ST-ZIP Fort Meade, FL 33841				CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: Vicky Jenkins SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date May 2/2000 Daytime Phone # 883-534 3663			