

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 FEB 14 PM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L90046 (8)

1. Corporation Name

THE TALLAHASSEE STREETRODDERS, INC.

Principal Place of Business

P.O. BOX 5241
TALLAHASSEE FL 32314

Mailing Address

P.O. BOX 5241
TALLAHASSEE FL 32314

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/31/1990

3a. Date of Last Report

02/10/1994

4. FEI Number

59-3075423

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDSEY, JERRY D
ROUTE 4 BOX 6407
CRAWFORDVILLE FL 32327

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 vacating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	SLOAN, RUSSELL
STREET ADDRESS	RT. 3, BOX 379
CITY- ST- ZIP	HAVANA FL 32333
TITLE	V
NAME	HEBURN, DICK
STREET ADDRESS	2502 HELENE LANE
CITY- ST- ZIP	TALLAHASSEE FL
TITLE	S
NAME	MACMASTER, CAROL
STREET ADDRESS	2205 EAST GATE WAY
CITY- ST- ZIP	TALLAHASSEE FL
TITLE	T
NAME	LINDSEY, JERRY
STREET ADDRESS	ROUTE 4 BOX 6407
CITY- ST- ZIP	CRAWFORDVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	V
2.3 STREET ADDRESS	MIKE DIXON
2.4 CITY- ST- ZIP	RT. 28 BOX 1615
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	TALLAHASSEE FL 32310
4.1 TITLE	☐ Change ☐ Addition
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 110.07(3)(b), 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:

Jerry Lindsey

JERRY LINDSEY - TREASURER

2-10-95

904
421-3850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Phone Number)