

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L90046** (8)

1. Corporation Name

THE TALLAHASSEE STREETRODDERS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 5241
TALLAHASSEE FL 32314

P.O. BOX 5241
TALLAHASSEE FL 32314

3. Date Incorporated or Qualified
07/31/1990

3a. Date of Last Report
02/14/1995

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

Jerry D. Lindsey

JERRY D. LINDSEY / TREASURER 01-24-96

(NOTE: Registered Agent signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	SLOAN, RUSSELL	
STREET ADDRESS	RT. 3, BOX 379	
CITY-STATE-ZIP	HAVANA FL 32333	
TITLE	V	DELETE
NAME	DIXON, MIKE	
STREET ADDRESS	RT. 28 BOX 1615	
CITY-STATE-ZIP	TALLAHASSEE FL	
TITLE	S	DELETE
NAME	MACMASTER, CAROL	
STREET ADDRESS	2205 EAST GATE WAY	
CITY-STATE-ZIP	TALLAHASSEE FL	
TITLE	T	DELETE
NAME	LINDSEY, JERRY	
STREET ADDRESS	ROUTE 4 BOX 6407	
CITY-STATE-ZIP	CRAWFORDVILLE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	ETORE CANNELLA		
1.3 STREET ADDRESS	5942 WILLIAMS RD		
1.4 CITY-STATE-ZIP	TALL. FL 32311		
2.1 TITLE	V	Change	Addition
2.2 NAME	NORMAN CARPENTER		
2.3 STREET ADDRESS	1205 IDEWILD DR		
2.4 CITY-STATE-ZIP	TALL. FL. 32311		
3.1 TITLE	S	Change	Addition
3.2 NAME	SHERRIE SLOAN		
3.3 STREET ADDRESS	RT. 3 BOX 379		
3.4 CITY-STATE-ZIP	HAVANA, FL 32333		
4.1 TITLE	T	Change	Addition
4.2 NAME	JERRY LINDSEY		
4.3 STREET ADDRESS	68 SAVANNAH RD.		
4.4 CITY-STATE-ZIP	CRAWFORDVILLE FL 32327		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-STATE-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-STATE-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 on an attachment with an address.

SIGNATURE: *Jerry D. Lindsey* / **JERRY LINDSEY / Treas. 01-24-96 421-3850**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)