

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90018 045 ***150.00

DOCUMENT # L90046

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

4. FEI Number

59-3075423

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MORGAN, DAVID
315 SOUTH BELLAMY
QUINCY FL 32351

10. Name and Address of New Registered Agent

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	P	1.1 TITLE	PRESIDENT
NAME	MORGAN, DAVID	1.2 NAME	RUSSELL SLOAN
STREET ADDRESS	315 SOUTH BELLAMY	1.3 STREET ADDRESS	RT 3 BOX 379
CITY-ST-ZIP	QUINCY FL 32351	1.4 CITY-ST-ZIP	HAVANA, FL 32333
TITLE	VP	2.1 TITLE	VICE-PRESIDENT
NAME	SLOAN, SHERRIE	2.2 NAME	DICK HEBURN
STREET ADDRESS	RT 3 BOX 379	2.3 STREET ADDRESS	2502 HELENE LANE
CITY-ST-ZIP	HAVANA FL 32333	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	S	3.1 TITLE	SECRETARY
NAME	WINKLER, MAGGIE	3.2 NAME	SHERRIE SLOAN
STREET ADDRESS	4125 ARKLOW DR E	3.3 STREET ADDRESS	RT 3 BOX 379
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	HAVANA, FL 32333
TITLE	T	4.1 TITLE	TREASURER
NAME	LINDSEY, LINDA	4.2 NAME	BUTCH CANDELLA
STREET ADDRESS	68 SAVANNAH ROAD	4.3 STREET ADDRESS	5942 WILLIAMS RD
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Butch Cannella Butch Cannella Treasurer 1-10-99 850 656 2104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)