2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004
Secretary of State

DOCUMENT# N03000010207

Entity Name: TALLAHASSEE REGION SOAP BOX DERBY, INC.

Current Principal Place of Business:

5351 PEMBRIDGE PLACE
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

5351 PEMBRIDGE PLACE
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 20-0424176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, JON C
5351 PEMBRIDGE PLACE
TALLAHASSEE, FL 32309

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. ( ) Change (X) Addition
Name: BOLLMAN, KYLE M DIR.
Address: 5307 PIMLICO DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: MR. ( ) Change (X) Addition
Name: HANEY, MARK T DIR.
Address: 227 THORNBERG DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: MR. ( ) Change (X) Addition
Name: COLEMAN, SEAN J SEC.
Address: 6400 POWERS FERRY ROAD
City-St-Zip: ATLANTA, GA 30339

Title: MR. ( ) Change (X) Addition
Name: THOMAS, JON C PRES.
Address: 5351 PEMBRIDGE PLACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: MR. ( ) Change (X) Addition
Name: TORREY, KEVIN R VP
Address: 1439 PINE STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: MR. ( ) Change (X) Addition
Name: GRAYBAR, BENJAMIN TREAS.
Address: 3175 FERNS GLEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON C. THOMAS PRES 01/16/2004

Electronic Signature of Signing Officer or Director — Date