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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04121** (2)

1. Corporation Name

TALLAHASSEE INDUSTRIAL PARK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

BILL CLARK
2100 RIDGETOP DRIVE
TALLAHASSEE FL 32303

BILL CLARK
2100 RIDGETOP DRIVE
TALLAHASSEE FL 32303-4322



2. Principal Place of Business
21 **P.O. Box 37423**

2a. Mailing Address
26 **10 Carolyn Pippenger**

3. Date Incorporated or Qualified
07/11/1984

3a. Date of Last Report
09/05/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
58-1124521

Applied For
Not Applicable

22 City & State
23 **Tallahassee, FL**

27 **P.O. Box 37423**
28 **Tallahassee, FL**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24 **32315-7423** 25

29 **32315-7423** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, BILL
2100 RIDGETOP DRIVE
TALLAHASSEE FL 32303

81 Name **Joe Kane Carolyn Pippenger, Tres/sec**
82 Street Address (P.O. Box Number is Not Acceptable)
1486 Max Dr.
83
84 City **Tallahassee** FL 85 Zip Code **32303**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Carolyn Pippenger**

Carolyn Pippenger Sec./Tres.

3/27/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, BILL	
STREET ADDRESS	2100 RIDGETOP DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	STRAUSS, BUDDY	
STREET ADDRESS	2017 DOGWOOD HILL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KANE, JOE	
STREET ADDRESS	1313 PULLEN ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PIPPENGER, CAROLYN
4.3 STREET ADDRESS	1486 MAX DR.
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	NEAL, BILL
5.3 STREET ADDRESS	3452 GARBER DR
5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HINSON, ANGUS
6.3 STREET ADDRESS	626 S. VIRGINIA ST
6.4 CITY-ST-ZIP	QUINCY, FL 32351

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Carolyn Pippenger** **RE CAROLYN PIPPENGER**

3/27/97

904/575-3828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0007628

CR2E037 (9/96)