

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90019 042 ****61.25

DOCUMENT # N04121

1. Corporation Name

TALLAHASSEE INDUSTRIAL PARK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

PO BOX 37423
TALLAHASSEE FL 32315-7423
US

Mailing Address

C/O CAROLYN PIPPENGER
PO BOX 37423
TALLAHASSEE FL 32315-7423
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/11/1984

4. FEI Number

58-1124521

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

9. Name and Address of Current Registered Agent

PIPPENGER, CAROLYN
1486 MAX DR
TALLAHASSEE FL 32303

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 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

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 TS
NAME PIPPENGER, CAROLYN
STREET ADDRESS 1486 MAX DR
CITY-ST-ZIP TALLAHASSEE FL

TITLE VPD
NAME STRAUSS, BUDDY
STREET ADDRESS 2017 DOGWOOD HILL
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE P
NAME KANE, JOE
STREET ADDRESS 1313 PULLEN ROAD
CITY-ST-ZIP TALLAHASSEE FL

TITLE D
NAME NEAL, BILL
STREET ADDRESS 3452 GARNER DR
CITY-ST-ZIP TALLAHASSEE FL

TITLE D
NAME HINSON, ANGUS
STREET ADDRESS 626 S VIRGINIA ST
CITY-ST-ZIP QUINCY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 617, 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:

Carolyn Pippenger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99
Date

675-3828
Daytime Phone #

CR2E037 (1/98)