FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 12:19

DOCUMENT # **N17198** **(5)**

1. Corporation Name

TALLAHASSEE AREA CONVENTION AND VISITORS BUREAU, , INC.

Principal Place of Business	Mailing Address
% CHRISTOPHER L. THOMPSON 200 W. COLLEGE; P.O. BOX 1369 TALLAHASSEE FL 32301	% CHRISTOPHER L. THOMPSON 200 W. COLLEGE; P.O. BOX 1369 TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1986
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2788437 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 % Lee Collins	26 % Lee Collins
Suite, Apt. #, etc. 22 200 W. College Ave.	Suite, Apt. #, etc. 27 200 W. College Ave.
City & State 23 Tallahassee, Fl.	City & State 28 Tallahassee, Fl.
Zip / Country 24 32301 / 25 USA	Zip / Country 29 32301 / 30 USA

9. Name and Address of Current Registered Agent

THOMPSON, CHRISTOPHER, L
200 W. COLLEGE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

31 Name: Lee Collins
32 Street Address (P.O. Box Number is Not Acceptable)
33 200 W. College Ave.
34 City: Tallahassee FL 35 Zip Code: 32301

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: Lee Collins — 3/31/95
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	TD	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	BRADY, MICKEY	1.2 NAME	Brady, Mickey	
STREET ADDRESS	2735 N. MONROE ST..	1.3 STREET ADDRESS	2735 N. Monroe St.	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, Fl. 32303	
TITLE	PCD	2.1 TITLE	IPCD	☒ Change ☐ Addition
NAME	MOORE, KAREN	2.2 NAME	Moore, Karen	
STREET ADDRESS	1699 N. MONROE STREET	2.3 STREET ADDRESS	1699 N. Monroe St.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	2.4 CITY-ST-ZIP	Tallahassee, Fl. 32303	
TITLE	VCD	3.1 TITLE	CD	☒ Change ☐ Addition
NAME	WEST, J.W.	3.2 NAME	West, J.W.	
STREET ADDRESS	1018 APALACHEE PKWY.	3.3 STREET ADDRESS	1018 Apalachee Pkwy.	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, Fl. 32301	
TITLE	SD	4.1 TITLE	VCD	☒ Change ☐ Addition
NAME	LENBERG, LUANNE	4.2 NAME	Lendberg, LuAnne	
STREET ADDRESS	1500 APALACHEE PARKWAY	4.3 STREET ADDRESS	1500 Apalachee Pkwy.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	4.4 CITY-ST-ZIP	Tallahassee, Fl. 32301	
TITLE	D	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	MCCORMICK, KAY	5.2 NAME	Daws, Russell	
STREET ADDRESS	1507 RAYMOND DIEHL	5.3 STREET ADDRESS	3945 Museum Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	5.4 CITY-ST-ZIP	Tallahassee, Fl. 32310	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BILL HAGEN	6.2 NAME		
STREET ADDRESS	P.O. BOX 1733 N/A	6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32302	6.4 CITY-ST-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)(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: Mickey Brady — 3-21-95 — 904/378-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #