

FILE NOW: FILING FEE AFTER MAY 1 IS \$150.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra S. Morham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 MAR 13 AM 11:02	
DOCUMENT # N19399 (7)					
1. Corporation Name TALLAHASSEE PIPE BAND, INC.					
Principal Place of Business JOHN W. LOVE 2809 ARMAGH CT. TALLAHASSEE FL 32308		Mailing Address JOHN W. LOVE 2809 ARMAGH CT. TALLAHASSEE FL 32308		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/24/1987 3a. Date of Last Report 03/29/1994 4. FEI Number 65-0042229 Applied For Not Applicable 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
9. Name and Address of Current Registered Agent LOVE, JOHN W. 2809 ARMAGH CT. TALLAHASSEE FL 32308				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 NAME STREET ADDRESS CITY-ST-ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
D POLHEMUS, SHERI 4421 STRATFORDSHIRE CT TALLAHASSEE FL 32308			X Change SHERI POLHEMUS 2229 02 BOTTOM RD TALLAHASSEE FL 32312		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
D LOVE, JOHN W. 2809 ARMAGH CT. TALLAHASSEE FL 32308			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
D STOCKDALE, MIKE 4312 BREWSTER ROAD TALLAHASSEE FL 32308			X Change MIKE STOCKDALE 1824 JEAN AVE TALLAHASSEE, FL 32308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
			Change Addition		
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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: JOHN W. LOVE John W. Love 3/9/95 904-893-3352 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					