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

APPROVED AND FILED

95 MAY -1 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N40053** **(3)**

1. Corporation Name

THE TALLAHASSEE SCIENTIFIC SOCIETY, INCORPORATED

Principal Place of Business	Mailing Address
C/O ANGELA MORRISON 123 SOUTH CALHOUN ST. TALLAHASSEE FL 32301	C/O ANGELA MORRISON 123 SOUTH CALHOUN ST. TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1990
3a. Date of Last Report: 06/22/1994
4. FEI Number: 59-3128863 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 County 25
Zip 29 County 30
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

9. Name and Address of Current Registered Agent

MORRISON, ANGELA
C/O HOPPING, BOYD, GREEN AND SAMS
123 SOUTH CALHOUN ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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	DT	11 TITLE	☐ Change ☐ Addition
NAME	GILMER, PENNY	12 NAME	200001472882
STREET ADDRESS	3235 ROBINHOOD DR.	13 STREET ADDRESS	-05/03/95--01053--006
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY ST ZIP	*****61.25 *****61.25
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	GREEN, BILL	22 NAME	
STREET ADDRESS	123 SOUTH CALHOUN ST.	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	
TITLE	DP	31 TITLE	☐ Change ☐ Addition
NAME	HALL, AL	32 NAME	
STREET ADDRESS	4335 SHERBORNE RD.	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	BROWN, FRANKLIN	42 NAME	
STREET ADDRESS	1811 RAA AVE	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LANNUTTI, JOSEPH	52 NAME	
STREET ADDRESS	1501 CRESTVIEW AVE	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	CARR, JAMES	62 NAME	
STREET ADDRESS	1819 DORIC DR	63 STREET ADDRESS	VACANT (To be Filled 5/25/95)
CITY-ST-ZIP	TALLAHASSEE FL	64 CITY-ST-ZIP	(Resigned).

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

SIGNATURE: AL HALL — AL HALL — May 1, 1995 — 891-5038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000880