SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 31 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003661 (6)**

1. Corporation Name
TALLAHASSEE CLAIMS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
710 E TENNESSEE ST TALLAHASSEE FL 32301	P.O. BOX 15213 TALLAHASSEE FL 32317 US

3. Date Incorporated or Qualified: 08/13/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ 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 ☐ FILING FEE IS $61.25
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOWALCHYK, DEAN C 701 E TENNESSEE ST TALLAHASSEE FL 32301	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 _____ DATE
Signature (type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SALINERO, JOHN	12 NAME	
STREET ADDRESS	6437 COUNT FLEET TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	VANACORE, CAROL Pres	22 NAME	
STREET ADDRESS	2324 CENTERVILLE ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PITTS, ARTHUR VP	32 NAME	
STREET ADDRESS	432 MARGARET COURT	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	REGISTER, CANDACE Sec	42 NAME	
STREET ADDRESS	7594 SKIPPER LANE	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☒ Addition
NAME	~~WIERENGA, RON~~ Charles Kelley Jr	52 NAME	Charles Kelly
STREET ADDRESS	~~3708 DONOVAN DRIVE~~ 5196 Pimlico Dr	53 STREET ADDRESS	5196 Pimlico Drive
CITY-ST-ZIP	~~TALLAHASSEE FL~~ Tall 32308	54 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	RUCKER, MELANIE Pimlico Dr	62 NAME	
STREET ADDRESS	~~1807 DAX COURT~~ 5196 Tallahassee, FL	63 STREET ADDRESS	5196 Pimlico Drive Tallahassee, FL 32308
CITY-ST-ZIP	TALLAHASSEE FL Tall 32308	64 CITY-ST-ZIP	

CR2E037 (3/95)

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: John A. Salinero 7/27/95 904-386-9222
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN A. SALINERO

0002070