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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001797 (8)

1. Corporation Name
TALLAHASSEE K.I.D.S., INC.



Principal Place of Business 1140 MAGNOLIA AVENUE SUITE 2S PANAMA CITY FL 32401 US	Mailing Address 1140 MAGNOLIA AVENUE SUITE 2A PANAMA CITY FL 32401 US
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3. Date Incorporated or Qualified 04/17/1995	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-3309059		

2. Principal Place of Business 21 700 W. 23RD ST Suite, Apt. #, etc. 22 Suite 110 City & State 23 Panama City, FL Zip 24 32405 Country 25 USA	2a. Mailing Address 26 700 W. 23RD ST Suite, Apt. #, etc. 27 Suite 110 City & State 28 Panama City, FL Zip 29 32405 Country 30 USA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MCPETERS, TIMOTHY E.
1140 MAGNOLIA AVENUE
SUITE 2S
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	700 W. 23RD ST.
83	Suite 110
84 City	Panama City
85 State	FL
86 Zip Code	32405

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 **Timothy E. McPeters, Timothy E. McPeters, TREASURER 3/31/98**

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	PO	<input type="checkbox"/> DELETE
NAME	GOLDSMITH, MERELYN	
STREET ADDRESS	1112 CLEARWATER RD.	
CITY-ST-ZIP	DAYTONA BCH. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCPETERS, TIMOTHY	
STREET ADDRESS	7813 NO. LAGOON DR. # 3-B	
CITY-ST-ZIP	PANAMA CITY BCH. FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOLDSMITH, ROBERT	
STREET ADDRESS	1112 CLEARWATER RD.	
CITY-ST-ZIP	DAYTONA BCH. FL 32114	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: **Timothy E. McPeters, Timothy E. McPeters, TREASURER 3/31/98 850 913-1500**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/97)