


FILE NOW: FILING FEE IS \$61.25

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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90052 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001797

1. Corporation Name

TALLAHASSEE K.I.D.S., INC.

Principal Place of Business

700 W 23RD ST
STE 110
PANAMA CITY FL 32405
US

Mailing Address

700 W 23RD ST
STE 110
PANAMA CITY FL 32405
US



2. Principal Place of Business 21 2715 Jenks Avenue Suite, Apt. #, etc.	2a. Mailing Address 26 2715 Jenks Ave. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/17/1995
22	27	4. FEI Number 59-3309059 Applied For Not Applicable
23 City & State Panama City, FL	28 City & State Panama City, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32405	25 Country USA	29 Zip 32405
30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

MCPETERS, TIMOTHY E.
700 W 23RD ST
STE 110
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2715 Jenks Ave.
83	
84 City	Panama City
85 Zip Code	FL 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 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 - Treasurer** **3/29/99**

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSMITH, MERELYN	1.2 NAME	
STREET ADDRESS	1112 CLEARWATER RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH. FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPETERS, TIMOTHY	2.2 NAME	
STREET ADDRESS	7813 NO. LAGOON DR. # 3-B	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH. FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSMITH, ROBERT	3.2 NAME	
STREET ADDRESS	1112 CLEARWATER RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH. FL 32114	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Timothy E. McPeters - Treasurer **3/29/99** **850 913-1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #