

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90070 006 \*\*\*\*61.25

**DOCUMENT # N99000006127**

1. Entity Name

TALLAHASSEE ADVERTISING CO-OP, INC.



Principal Place of Business

KENTUCKY FRIED CHICKEN OF VALDOSTA, I  
1203 N. ASHLEY ST.  
VALDOSTA GA 31601

Mailing Address

KENTUCKY FRIED CHICKEN OF VALDOSTA, I  
1203 N. ASHLEY ST.  
VALDOSTA GA 31601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2499942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HELMS, LAWRENCE  
RT 17 BOX 1637 OAKHAVNE  
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME HARRIS, OWEN D  
STREET ADDRESS 1203 NORTH ASHLEY STREET  
CITY-ST-ZIP VALDOSTA GA 31601

TITLE DTS ☐ Delete  
NAME HELMS, LAWRENCE  
STREET ADDRESS RT 17B BOX 1637 OAKHAVEN  
CITY-ST-ZIP LAKE CITY FL 32055

TITLE D ☐ Delete  
NAME BETTERS, CAROLYN DV  
STREET ADDRESS 10017 LEAFWOOD DR  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☐ Delete  
NAME HERBERT, WALLY  
STREET ADDRESS PO BOX 1257  
CITY-ST-ZIP COLUMBIA TN 38402

TITLE D ☐ Delete  
NAME CHOWDHURY, LOKMAN G  
STREET ADDRESS 6418 NW 43RD LN  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D ☐ Delete  
NAME BENNETT, WILLIAM H JR  
STREET ADDRESS 3125 WILD OAKS CIRCLE  
CITY-ST-ZIP VALDOSTA GA 31605

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Quinn Davis* (PRES.)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-04

229-241-2395