

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000006127**

1. Entity Name  
**TALLAHASSEE ADVERTISING CO-OP, INC.**



Principal Place of Business

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

Mailing Address

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



01152008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000843816  
03/12/08-80010-019 61.25

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Owen D Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-08

Date

229-247-2395

Daytime Phone #