

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 28 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000008737 (7)

1. Corporation Name

G.S. OF TALLAHASSEE, INC.

Principal Place of Business

4927 ARDEN FOREST WAY
TALLAHASSEE FL 32308

Mailing Address

1300 METROPOLITAN
OKLAHOMA CITY OK 73108
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/03/1993

3a. Date of Last Report

04/05/1994

4. FEI Number

73-1417096

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

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNIGHT, ROBERT G
4927 ARDEN FOREST WAY
TALLAHASSEE FL 32308

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

KNIGHT, ROBERT G

STREET ADDRESS

4927 ARDEN FOREST WAY

CITY - ST - ZIP

TALLAHASSEE FL 32308

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

KNIGHT, GAIL

STREET ADDRESS

4927 ARDEN FOREST WAY

CITY - ST - ZIP

TALLAHASSEE FL 32308

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

COUNTS, JACK E JR

STREET ADDRESS

1300 METROPOLITAN AVENUE

CITY - ST - ZIP

OKLAHOMA CITY OK 73108

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

LEROY, KATHLEEN

STREET ADDRESS

260 E CAROLINA AVE, #302B

CITY - ST - ZIP

WINTER PARK FL 32789

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michelle S. Chilton

2/21/95

Date

Daytime Phone

Michelle S. Chilton

Vice-President

(405) 947-8747

047660 PP