SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -7 AM 11:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000068348 (9)**

1. Corporation Name
MASTERS' CORPORATION OF TALLAHASSEE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 37472 TALLAHASSEE FL 32315	P.O. BOX 37472 TALLAHASSEE FL 32315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1994
3a. Date of Last Report:

2. Principal Place of Business
21 2924 N. Settler's Blvd
Suite, Apt. #, etc.
22 1
City & State
23 TALLAHASSEE, FL.
Zip 24 32303 County 25 Leon

2a. Mailing Address
26 2924 N. Settlers Blvd
Suite, Apt. #, etc.
27
City & State
28 TALLAHASSEE, FL.
Zip 29 32303 County 30 Leon

4. FEI Number: 59-3207595 ☐ 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

9. Name and Address of Current Registered Agent

CARPENTER, DENNIS
3028 GILES PLACE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: Gayla D. Carpentee T/S
82 Street Address (P.O. Box Number is Not Acceptable): 2924 N. Settlers Blvd
83
84 City: TALLAHASSEE FL 85 Zip Code: 32303

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: Gayla D. Carpentee, T/S DATE: July 31, 95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	P Danny R. Carpentee 2924 N. Settlers Blvd. TALLAHASSEE, FL. 32303	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	T/S Gayla D. Carpentee 2924 N. Settlers Blvd. TALLAHASSEE, FL. 32303	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	VP Dennis Carpentee P.O. Box 37472 TALLAHASSEE, FL. 32315	☐ Change ☑ Addition N/A
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

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

SIGNATURE: Gayla D. Carpentee July 31, 95 561-9457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0120511 FP