

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000070044 (0)**

1. Corporation Name

3050 TAMARRON BOULEVARD INC.

Principal Place of Business

**1801 HERMITAGE BLVD.
SUITE 600
TALLAHASSEE FL 32308
US**

Mailing Address

**1801 HERMITAGE BLVD.
SUITE 600
TALLAHASSEE FL 32308-7703
US**

3. Date Incorporated or Qualified

09/22/1994

3a. Date of Last Report

03/20/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24

25

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29

30

4. FEI Number

75-2559373

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

**SCHOW, HORACE II
C/O STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BLVD, STE 600
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name **David E. Todd**

82 Street Address (P.O. Box Number is Not Acceptable)
1801 Hermitage Blvd.

83 Suite 100

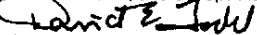
84 City **Tallahassee**

FL

85 Zip Code
32308

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



David E. Todd, Assistant General Counsel

1-22-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D BENNETT, DOUGLAS W**
STREET ADDRESS **1801 HERMITAGE BLVD, STE 600**
CITY - ST - ZIP **TALLAHASSEE FL 32308**

TITLE ☐ DELETE
NAME **D MILLER, TODD A**
STREET ADDRESS **1801 HERMITAGE BLVD-STE 600**
CITY - ST - ZIP **TALLAHASSEE FL 32308**

TITLE ☐ DELETE
NAME **P PLUMLEE, DANIEL L**
STREET ADDRESS **8750 N. CENTRAL EXPWY. STE 800**
CITY - ST - ZIP **DALLAS TX 75231-6437**

TITLE ☐ DELETE
NAME **ST SMITH, G. ANDREWS**
STREET ADDRESS **8750 N. CENTRAL EXPWY--STE 800**
CITY - ST - ZIP **DALLAS TX 75231-6437**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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

Douglas W. Bennett, Director

CR2E034 (9/96)