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Jul 07 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 # 7000022327

1. Corporation Name

PSC Tallahassee, Inc.

Principal Place of Business U.S. Hwy 27 North Rt 4, Box 2090 Havana, Florida 32333	Mailing Address U.S. Hwy 27 North Rt 4, Box 2090 Havana, Florida 32333
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2. Principal Place of Business 21 <u>Route 4, Box 2090</u> Suite, Apt. #, etc. 22 City & State 23 <u>Havana, Florida 32333</u> Zip Country 24 <u>32333</u> 25 <u>Leon</u>	2a. Mailing Address 26 <u>Route 4, Box 2090</u> Suite, Apt. #, etc. 27 City & State 28 <u>Havana, Florida</u> Zip Country 29 <u>32333</u> 30 <u>Leon</u>
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3. Date Incorporated or Qualified 1995	3a. Date of Last Report 1996
4. FEI Number 59 3308109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Elke Allen **DELETE**
1431 Jeffrey Road
Tallahassee, Florida 32312

10. Name and Address of New Registered Agent

81 Name Eugene H. Smith
82 Street Address (P.O. Box Number is Not Acceptable)
2048 Cynthia Drive
83
84 City Tallahassee **FL** **85** Zip Code 32303

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 Gene Smith **GENE SMITH** **7/1/97**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE Delacy Peavy III, President 1810 Sageway Drive Tallahassee, Florida 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE Vice President Eugene H. Smith 2048 Cynthia Drive Tallahassee, Florida 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE Sec./Tres. Elke Allen 1431 Jeffrey Rd., Tallahassee, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sec./Tres. Bonnie McNeill 2750 Old St. Augustine Rd #B14 Tallahassee, Florida 32301
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 7000022327 -07/08/97--01022--007 ***550.00
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>7-7</u> <u>jn</u>

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.

SIGNATURE: Bonnie McNeill **Bonnie McNeill** **6/30/97** **(904) 539-5019**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR