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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030032 (3)

TOO TALL, INC.

Mailing Address

103 HIGHWAY 277 SOUTH CHIPLEY FL 32428 103 HIGHWAY 277 SOUTH CHIPLEY EL 32428

FILED Apr 23 1997 8:00am Secretary of State



CHIPLEY FL 3242	8	CHAPLET FL 32428						
					3. Date Incorporated or Qualified 04/18/1995	3a. Date o		port
2. Principal Plac		2a. Mailing Address			4. FEI Number		Apr	olied For
21 Q+1 C	Box 424B	26 P.O. Box '	758		59-3311487		Not	Applicable
Suite, Apl. #.		Suite, Apt. #, etc.	•		5. Certificate of Status Desired	□ \$	8.75 A	
City & State		City & State	,		6. Election Campaign Financing		\$5.00	May Re
23 Boni F	Ou Florida	28 Chipleu F	٠١٨ .		Trust Fund Contribution		Added to	
Zip	Country	Zip	Country	;	8. This corporation has liability for it	ntangible tax	under s.	199.032.
24 3240	25 25	29 32428 30	,			Yes 🔲 N		
<u> </u>	9. Name and Address of Current I		1		10. Name and Address of New Re	platered Age	nt	
SFISS	, WILLIAM	<u> </u>	81	Name				
	IGHWAY 277-SOUTH RAIC	Lunal B	82	Ctroot /	Address (P.O. Box Number is Not Acceptab	io)		
CHIDI	EV FI 22428 (2	ANAGE OF THE STATE	02	5000017	Rubiess (F.O. Box Number is Not Acceptab	.61		
Oran C	EY-FL-32428 Bonifay, i	1 Sadao	83					
			84	City			5 Zip C	ode
						FL		
flige or rec	the provisions of Sections 607.0502 jistered agent, or both, in the State of familiar with, and accept the obligation	Florida. Such change was aut	horized b	y the corp	corporation submits this statement for the p location's board of directors. I hereby accep	urpose of chart the appoint	anging its ment as r	registered egistered
SIGNATURE si	gnature, typed or printed name of registered agent	and title if applicable (NOTE: R	legislered Ap	eni signalure	required when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		<i></i>	
ľ	PTD	☐ DELETE	1.1 TITLE		PTD	LM	Change	Addition
NAME	SEISS, WILLIAM		1.2 NAME		Seiss, William			
STREET ADDRESS	103 HIGHWAY 277 SOUTH		1.3 STREET	ADDRESS	R+1 B0x 424B		_	
DITY-S1-ZP	CHIPLEY FL 32428		1.4 C(TY -)	ST-ZIP	Bonifau FL 32425			
TITLE	\$	DELETE	21 TITLE		S J'	T.	Change	Addition
NAME	LYNCHE, DUPR E		22 NAME		Ellis, hynette			
STREET ADDRESS	103 HWY 229 SOUTH		2.3 STREET	FADDRESS	RFI BOX 424B			
CITY -S1 - ZIP	CHIPLEY FL 32428		2.4 CITY-	ST-ZIP	Bonifay, FL 32425			
TUTLE		☐ DELETE	3 1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY - S1 - ZIP			3.4 CITY-	ST-ZIP				
TILE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS				T ADDRESS				
C(TY - ST - 7IP		;	4.4 CITY-					
THE		☐ DELETE	5.1 ToTLE	- L"			Change	Addition
NAME			5.2 NAME				~	-
1				T ADDRESS				
STREET ADDRESS				·				
C-TY - ST - ZIP		☐ DELETE	5.4 CITY-	51 - ZIP			Change	Addition
TITLE		ויין הנונונ	1			٠	or in ign	
NAME			6.2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP		and the state state of the stat	6.4 CITY-		tated in Section 119.07(3)(i). Florida Statute	o I further s	rtifu shat	tho
i 14. Ido bereby	comb that the information supplied:	with this tiling goes not quality t	icir idile exi	ernorion S	iaieu iii Seciion T19.0/13)(1), Fjorioa Statute	a. I iui iii ei Ce	anav mati	a le

4. 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 any attachment with an address.

SIGNATURE

HATTHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR