

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

FILED

Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000032514 (8)

1. Corporation Name  
NOVA OF TALLAHASSEE, INC.

Principal Place of Business

U.S. HIGHWAY 27 NORTH  
RT 4 BOX 2090  
HAVANA FL 32333

Mailing Address

U.S. HIGHWAY 27 NORTH  
RT 4 BOX 2090  
HAVANA FL 32333-9646

3. Date Incorporated or Qualified 04/26/1995  
3a. Date of Last Report 09/18/1996

4. FEI Number APPLIED FOR 59-3308980  
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

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 P.O. Box 2512

27 Suite, Apt. #, etc.

28 City & State HAVANA, FL

29 Zip 32333 Country GARDEN

9. Name and Address of Current Registered Agent

ALLEN, ELKE K  
U.S. HIGHWAY 27 NORTH  
RT 4 BOX 2090  
HAVANA FL 32333

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, LOMAX	
STREET ADDRESS	RT 4 BOX 2090	
CITY - ST - ZIP	HAVANA FL 32333	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PEAVY, M D III	
STREET ADDRESS	RT 4 BOX 2090	
CITY - ST - ZIP	HAVANA FL 32333	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROSS, SUE	
STREET ADDRESS	RT 4 BOX 2090	
CITY - ST - ZIP	HAVANA FL 32333	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ALLEN, ELKE	
STREET ADDRESS	1431 JEFFREY RD.	
CITY - ST - ZIP	TALLAHASSEE FL 32333	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*Lomax Smith*

1/12/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0050632

CR2E034 (9/96)