CR2E034 (11/98)

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Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90102 033 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999

Principal Place of Business  Walking Address US  DO NOT WRITE IN THIS SPACE  1. Principal Place of Business 2a. Mailing Address US  2a. Mailing Address 3. Date Incorporated or Qualifed 04/26/1995  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3308980 Not Applicable Suite, Apt. #, etc. 59-3308980 Suite, Apt. #, etc. 59	1. Corporation	F TALLAHASSEE, INC.	032514								
HAVANA FL 32333  HAVANA FL 32333  US    Aptinicipal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   59-3308980   Not Applicable   Not Applicable   59-3308980   Not Applicable   59-3308980   Not Applicable   Solidario   Sol	Principal Place of Business Mailing Address						i idžiidā ris idini ariti satii a		B (\$110 (160	1 81141 11	MII #1#1 1#91
2. Principal Place of Business 2. Mailing Address 4. FEI Number 5. S9-3308980    Not Applicable Suite, Apt. #, etc.	U.S. HIGHWAY 27 NORTH P.O. BOX 2512 RT 4 BOX 2090 HAVANA FL 32333							-	S SPACE	<u> </u>	
Applied For   Applied For   Sy-3308980   Applied For   Sy-3308980   Not Applicable   Applied For   Sy-3308980   Not Applicable   Not Applicable   Suite, Apt. #, etc.   Suite,											
Suite, Apt. #, etc. Suite,	2. Principal Pi	lace of Business	2a. Mailing Address							Appl	ied For
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   \$8.75 Additional   Fee Required   Fee Status   Fee Fee Status   Fee Stat			<b>⊢</b> , ,				59-3308980			Not	Applicable
City & State 23  City & State 28  Country 2	Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27 City & State								
Zip Country Zip Country Zip Country 29 300 8. This corporation owes the current year Intangible Personal Property Tax. Yes No	City & State	е				· · · · · · · · · · · · · · · · · · ·					
9. Name and Address of Current Registered Agent  SMITH, SUE D  5703 FLAGSTONE CT. TALLAHASSEE FL 32303  82 Street Address (P.O. Box Number is Not Acceptable)  83	Zip	· · · · · · · · · · · · · · · · · · ·	— · –	_	ntry		•	rent year In		; [	JNo
SMITH, SUE D 5703 FLAGSTONE CT. TALLAHASSEE FL 32303  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  Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P DELETE  1.1 TITLE  Change  Addition  STREET ADDRESS  5073 FLAGSTONE CT  1.3 STREET ADDRESS  CITY-ST-ZIP  TALLAHASSEE FL 32333							10. Name and Address of New	Registered	l Agent		
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P  Change  Addition  SMITH, LOMAX  1.2 NAME  STREET ADDRESS  5073 FLAGSTONE CT  1.3 STREET ADDRESS  CITY-ST-ZIP  TALLAHASSEE FL 32333	5703 FLAGSTONE CT.				82 8		ress (P.O. Box Number is Not Accept	able)			,
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS II 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE P	<u> </u>				84 (	Sity		Fl	85	Zip Co	ode
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  P  SMITH, LOMAX  STREET ADDRESS  CITY-ST-ZIP  1.4 CITY-ST-ZIP  CNOTE: Registered Agent signature required when reinstating)  DATE  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.5 Change  Addition  Addition  Change  Addition  Change  Addition  Change	office or re agent. I a	egistered agent, or both, in the State or m familiar with, and accept the obligat	of Florida. Such change was auti lions of, Section 607.0505, Florid	norizeo la Statu	by the	corporation	on's board of directors. Thereby acce	pt the appo	f changir pintment a	ig its re as regi	agistered stered
TITLE P DELETE 1.1 TITLE Change Addition  NAME SMITH, LOMAX 12 NAME  STREET ADDRESS 5073 FLAGSTONE CT 1.3 STREET ADDRESS  CITY-ST-ZIP TALLAHASSEE FL 32333 1.4 CITY-ST-ZIP			7,	<u> </u>	Agent sig	nature require		_,	ND DIPE	CTOS	2S IN 12
NAME SMITH, LOMAX 12 NAME STREET ADDRESS 5073 FLAGSTONE CT 1.3 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32333 1.4 CITY-ST-ZIP						1	ADDITIONS/CHARGES TO OF	I ICERS A			
STREET ADDRESS 5073 FLAGSTONE CT 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TALLAHASSEE FL 32333 1.4 CITY-ST-ZIP		· ·				1				J-	_
CITY-ST-ZIP TALLAHASSEE FL 32333 1.4 CITY-ST-ZIP		I				NDESS					
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NAME PEAVY, M D III	1	**									

6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP. 14. I 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, with all other like empowered.

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

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**SIGNATURE:** 

RT 4 BOX 2090

ROSS, SUE

ST

HAVANA FL 32333

5073 FLAGSTONE CT

TALLAHASSEE FL 32303

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STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY+ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TILLE

NAME

TITLE

NAME

TITLE

SUE D. SMITH