

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

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90005 041 *****8.75

05-14-1999 90005 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000002357

1. Corporation Name
FEAGIN, INC.



Principal Place of Business
2418 NORTH MONROE STREET
SUITE 110-120
TALLAHASSEE FL 32303

Mailing Address
2418 NORTH MONROE STREET
SUITE 110-120
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1996

4. FEI Number

59-3352705

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 2418 North Monroe St.

Suite, Apt. #, etc.

22 Suite 110/120

City & State

23 Tallahassee, FL

Zip Country

24 32303 25 USA

2a. Mailing Address

26 2418 North Monroe St.

Suite, Apt. #, etc.

27 Suite 110/120

City & State

28 Tallahassee, FL

Zip Country

29 32303 30 UAA

9. Name and Address of Current Registered Agent

BROWN, THOMAS, BROWN & BROWN
1108 E. TENNESSEE ST.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name Brown, Thomas, Brown & Brown Attorneys at Law
82 Street Address (P.O. Box Number is Not Acceptable)
1108 East Tennessee St.
83
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 Brown, Thomas J. Brown & Brown, Attorneys at Law 4-30-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FEAGIN, WILLIE SR.	
STREET ADDRESS	1476 WOOD CREEK CIRCLE	
CITY-ST-ZIP	CRYSTAL LAKE IL 60014	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FEAGIN, THOMAS	
STREET ADDRESS	320 INTERSTATE N. PARKWAY, SUITE 230	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FEAGIN, STEVE	
STREET ADDRESS	412 S.W. 10TH COURT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FEAGIN, GIA	
STREET ADDRESS	1402 GOLDEN PARK CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, EDUARDO M.D.	
STREET ADDRESS	3600 GARDEN VIEW WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HARKNESS, MICHELLE C	
STREET ADDRESS	1929 PATSY ANN CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AKBAR, Na'im PhD.	
1.3 STREET ADDRESS	PO Box 11221	
1.4 CITY-ST-ZIP	Tallahassee, FL 32302	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rodney Roberts Sr.	
2.3 STREET ADDRESS	1342 Timberlane Rd. 201-D	
2.4 CITY-ST-ZIP	Tallahassee, FL 32312	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Veran Vaughn PhD.	
3.3 STREET ADDRESS	1841 Fiddler Court	
3.4 CITY-ST-ZIP	Tallahassee, FL 32308	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Linda Feagin	
4.3 STREET ADDRESS	2407 Banyan Drive	
4.4 CITY-ST-ZIP	Tallahassee, FL 32303	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gregory Harris	
5.3 STREET ADDRESS	3115 McLeod Blvd.	
5.4 CITY-ST-ZIP	Tallahassee, FL 32303	
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darrell Feagin

4-30-99 (850)385-9015

Date

Daytime Phone #

CR2E034 (11/98)