

*** FEE 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

FILED
Apr 25 1997 8:00am
Secretary of State

DOCUMENT # P96000064162 (6)

1. Corporation Name
BAS-TALCO, INC.



Principal Place of Business
**908 N. GADSDEN STREET
TALLAHASSEE FL 32303**

Mailing Address
**908 N. GADSDEN STREET
TALLAHASSEE FL 32303-6316**

3. Date Incorporated or Qualified
07/31/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-3397108

Not Applicable

22 City & State

27 City & State

6. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THRASHER, ELWIN R JR.
908 N. GADSDEN STREET
TALLAHASSEE FL 32303**

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Vice President** ☐ DELETE
NAME **John M. Butler IV**
STREET ADDRESS **44 Bolton Lane**
CITY-ST-ZIP **Willingboro NJ 08046**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SECRETARY** ☐ DELETE
NAME **DARITA STEIN**
STREET ADDRESS **9230 Tuscarora**
CITY-ST-ZIP **Clarkston MI 48234**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ DELETE
NAME **HORACE ALLEN JR**
STREET ADDRESS **Houscent. AF. A4/LGOR**
CITY-ST-ZIP **534 Shaw Drive Suite 822**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SHAW AFB SC 29152-5009** ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **PRESIDENT** ☐ DELETE
NAME **Deborah Allen**
STREET ADDRESS **374 Hayden Rd**
CITY-ST-ZIP **Tallahassee FL 32304**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ DELETE
NAME **KARLENE BUTLER**
STREET ADDRESS **44 Bolton Lane**
CITY-ST-ZIP **Willingboro NJ 08046**

6.1 TITLE ☐ Change ☐ 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: **Deborah Allen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 Feb 97 576-6616
Date Daytime Phone #

CR2E034 (9/96)