

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

FILED

**Feb 03 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 # P96000078255 (2)

1. Corporation Name
1306 THOMASVILLE ROAD, INC.



Principal Place of Business
**3110 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308**

Mailing Address
**3110 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308-3706**

3. Date Incorporated or Qualified **09/20/1996** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-3402941** Applied For
Not Applicable

22 Suite Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

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

**BOYLE, ROBIN B
3110 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308**

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 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	PCD	<input type="checkbox"/> DELETE
NAME	LANE, RANDALL B	
STREET ADDRESS	3110 CAPITAL CIRCLE NE	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	BOYLE, ROBIN B	
STREET ADDRESS	3110 CAPITAL CIRCLE NE	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LITTLEFIELD, GERALDINE A.V.	
STREET ADDRESS	3110 CAPITAL CIRCLE NE	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANE, SUZANNE R	
STREET ADDRESS	3110 CAPITAL CIRCLE NE	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYLE, ROBIN B	
STREET ADDRESS	3110 CAPITAL CIRCLE NE	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 the report is an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)