Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90153 006 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEF'ARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700059799

THE TAL	LWOOD GROUP, INC.				
Principal Place	of Business	Mailing Address			1 (MB1:801 III IAIII 1981: antit natit detti detti detti detti satit laute laute
263 BOWLES S' NEPTUNE BEAC		263 BOWLES ST. NEPTUNE BEACH FL	32266		DO NOT WRITE IN THIS SPACE
					3. Date ncorporated or Qualifed 07/07/1997
2. Princip al Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			59-3455722 Not Applicat
Suite, Apt.	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired
City & State	9	City & State			6. Election Campaign Financing 55.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country	8. This corporation owes the current year intangible
24	25	29	30		Personal Property Tax.
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Nam∈ and Address of New Register∌d Agent
NEP	egistered agent, or both, in the State	e of Florida. Such change ≀	vas authori	zed by the corpo	FL 85 Zip Code c progration submits this statement for the purpose of changing its registered or ation's board of directors. I hereby accept the appointment as registered
agent. I ar SIGNATURE	m familiar with, and accept the oblig	gations of, Section 607.050	5, F orida S	tatutes.	required when reinstating DATE
12.	Signature, typed or printed ni-me of registered ag	AN 3 DIRECTORS	<u> </u>	ered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELE		1 TITLE	Change Addi
NAME	RUSSELL, RON S	_	1	2 NAME	
STREET ADDRESS	22 TALLWOOD RD			3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL 3225	50	- 1	4 CITY-ST-ZIP	
TITLE	T	DELE		.1 TITLE	☐ Change ☐ Addi
NAME	RUSSELL, CARL E		2	.2 NAME	
STREET ADDRESS	263 BOWLES ST		2	3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BCH FL 32266		2	. 4 CITY-ST-ZIP	
TITLE		DELE		1 TITLE	☐ Change ☐ Addi
NAME			3	.2 NAME	
STREET ADDRESS			3	.3 STREET ADDRESS	1
CITY-ST-ZIP			3	4. CITY-ST-ZIP	
TITLE		☐ DELE	TE 4	1 TITLE	☐ Change ☐ Add
NAME			4	. 2 NAME	
STREET ADDRESS			4	.3 STREET ADDRESS	
CITY-ST-ZIP			4	4 CITY-ST-ZIP	
TITLE		☐ DELE		.1 TITLE	☐ Change ☐ Add
1144.00			5	2 NAME	T .

14. Thereby 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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Addition

Change