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

SIGNATURE:

Feb 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF COPPORTIONS 1998 DOCUMENT # P97000063401 (8) TRAYLOR MANAGEMENT OF TALLAHASSEE, INC. Principal Place of Business Mailing Address 1135 APALACHEE PARKWAY 1135 APALACHEE PARKWAY TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/22/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3190306 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Žip Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name TRAYLOR, JACK W **602 LAKESHORE DRIVE** Street Address (P.O. Box Number is Not Acceptable 82 TALLAHASSEE FL Ivanhoc 83 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 anti-properties obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ITLE DELETE 1.1 TITLE Change Addition TRAYLOR, JACK W NAME G STREAMER'S 1185 APALACHEE PARKWAY 39/6 IVAL STREET ADDRESS TALLAHASSEE FL-32301 323 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 5.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 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 eath; 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, when an address.

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