2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000103246**

Country

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAMÉ

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIE

CITY-ST-ZIF TITLE

CITY-ST-ZIP

CITY-ST-ZIP

GUY, EVERETT H

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

GUY, EVERETT H

TALLAHASSEE FL 32311

TALLAHASSEE FL 32311

806 BRENT DR.

GUY, REBA F

806 BRENT DR.

(See criteria on back)

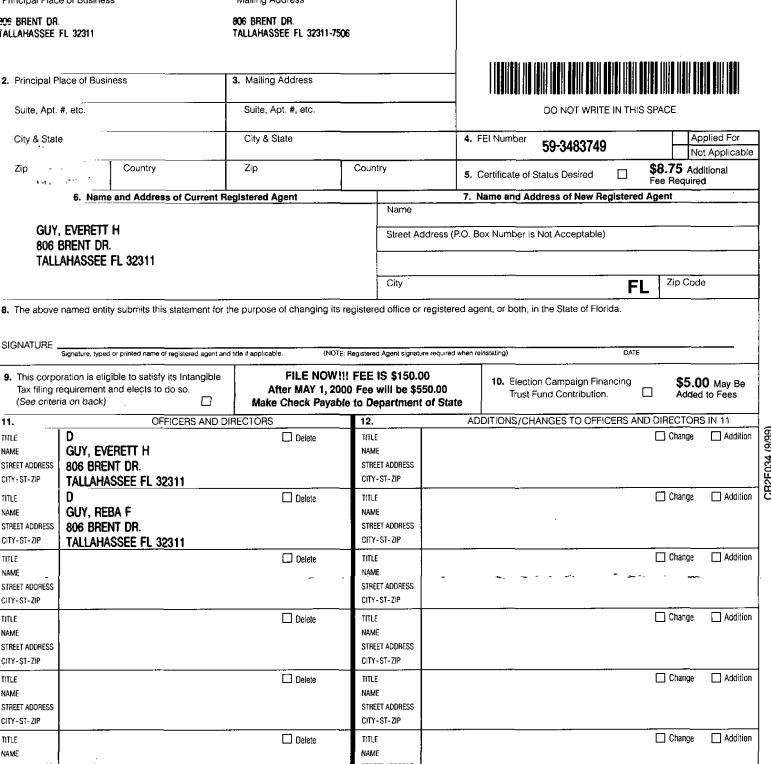
806 BRENT DR. TALLAHASSEE FL 32311

FS & H OF TALLAHASSEE INC

Mailing Address Principal Place of Business 806 BRENT DR. AGE BRENT DR. TALLAHASSEE FL 32311 TALLAHASSEE FL 32311-7506 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country

FILED Apr 22, 2000 8:00 am Secretary of State

04-22-2000 90047 029 ***150.00



13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITI F

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

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NAME STREET ADDRESS

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NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAI