

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000105406

1. Entity Name
T AND T OF TALLAHASSEE, INC.



Principal Place of Business
2811 E INDUSTRIAL PLAZA DR
TALLAHASSEE, FL 32301 US

Mailing Address
2811 E INDUSTRIAL PLAZA DR
TALLAHASSEE, FL 32301 US

FILED
08 APR -4 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02082008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3491490

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARDNER, CHARLES R
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32312

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	NELSON, TERRY C
STREET ADDRESS	P O BOX 13671
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	STVD
NAME	ASBURY, THOMAS B
STREET ADDRESS	3424 DORCHESTER COURT
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	GHAZVINI, HOSSEIN
STREET ADDRESS	2811 E INDUSTRIAL PLAZA DR
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	GHAZVINI, MEHRAN
STREET ADDRESS	2811 E INDUSTRIAL PLAZA DR
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	GHAZVINI, BEHZAD
STREET ADDRESS	2811 E INDUSTRIAL PLAZA DR
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200122275812
04/04/08--01034--014 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/08

850-205-5231