


**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90051 032 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000083546**

1. Corporation Name  
**F & S ENTERPRISES TALLAHASSEE, INC.**



Principal Place of Business 2522 CAPITAL CIRCLE N.E. STE 11 TALLAHASSEE FL 32303	Mailing Address 2522 CAPITAL CIRCLE N.E. STE 11 TALLAHASSEE FL 32303
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/28/1998</b>	
2. Principal Place of Business 21 <b>515 JOHN KNOX RD</b> Suite, Apt. #, etc. 22 <b>SUITE B</b> City & State 23 <b>TALLAHASSEE, FL</b> Zip 24 <b>32303</b>	2a. Mailing Address 26 <b>515 JOHN KNOX RD</b> Suite, Apt. #, etc. 27 <b>SUITE B</b> City & State 28 <b>TALLAHASSEE, FL</b> Zip 29 <b>32303</b>
4. FEI Number <b>59-3537920</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SWARTZ, PHILIP D</b> <b>2522 CAPITAL CIRCLE N.E., STE. 11</b> <b>TALLAHASSEE FL 32308</b>	10. Name and Address of New Registered Agent
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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOT E-Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	<b>PHILIP D. SWARTZ</b>
STREET ADDRESS		13 STREET ADDRESS	<b>2522 CAPITAL CR. N.E.</b>
CITY-ST-ZIP		14 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	<b>GAYLON E. FRUIT</b>
STREET ADDRESS		23 STREET ADDRESS	<b>515 JOHN KNOX RD-B</b>
CITY-ST-ZIP		24 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32303</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4-24-99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 386-5552

CR2E034 (11/98)