

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000090275

1. Entity Name

TALLAHASSEE LAND MANAGEMENT, INC.



Principal Place of Business

217 JOHN KNOX RD.
TALLAHASSEE, FL 32303

Mailing Address

PO BOX 4288
TALLAHASSEE, FL 32315



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3538246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUFORD, A. LEWIS III
217 JOHN KNOX RD.
TALLAHASSEE, FL 32303

**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	VD
NAME	BUFORD, ALBERT L JR
STREET ADDRESS	217 JOHN KNOX RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	DST
NAME	BUFORD, A. LEWIS III
STREET ADDRESS	217 JOHN KNOX RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	WILKINSON, BEN H JR
STREET ADDRESS	217 JOHN KNOX RD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	V
NAME	PARKER, R. BRADFORD
STREET ADDRESS	217 JOHN KNOX RD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/08-80053-022 150.00

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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

1/25/08

Date

856.385
6363

Daytime Phone