

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90044 045 ***158.75

DOCUMENT # P99000077085

1. Entity Name

AVALON ENTERPRISES OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

210 BRADFORD RD., #182
 TALLAHASSEE FL 32303

210 BRADFORD RD., #182
 TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

8229 GREENMONT AVE.

8229 GREENMONT AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL.

City & State

Tallahassee, FL.

4. FEI Number

59-3533039

Applied For

Not Applicable

Zip

32311

Country

USA

Zip

32311

Country

USA

5. Certificate of Status Desired

-\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'LEARY, ROBYNN L.T.
210 BRADFORD RD., #182
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Larry Stokely

Street Address (P.O. Box Number is Not Acceptable)

8229 Greenmont Ave.

City

Tallahassee

FL

Zip Code

32311

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.

SIGNATURE

Larry Stokely, Larry Stokely, Director 5/1/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	D			
	O'LEARY, ROBYNN	210 BRADFORD RD., #182	TALLAHASSEE FL 32303	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Director				
	Larry Stokely	8229 Greenmont Ave.	Tallahassee, FL. 32311	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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.

SIGNATURE:

Larry Stokely, Larry Stokely, Director, 5/1/00 (858) 656-4088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)