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Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S10216** (7)

1. Corporation Name

T & N ENTERPRISES OF TALLAHASSEE, INC.

Principal Place of Business

**3425 THOMASVILLE RD
TALLAHASSEE FL 32308**

Mailing Address

**3425 THOMASVILLE RD
TALLAHASSEE FL 32308-3403**

3. Date Incorporated or Qualified

11/01/1990

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

21 **1410 MARKET ST**

Suite, Apt. #, etc.

22 **C-5**

City & State

23 **TALLAHASSEE, FL**

Zip

24 **32308**

Country

2a. Mailing Address

26 **10031 JOURNEYS END**

Suite, Apt. #, etc.

27

City & State

28 **TALLAHASSEE, FL**

Zip

29 **32312**

Country

30

4. FEI Number

59-3032737

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**COOPER, CHARLES L. JR.
3375-A CAPITAL CIRCLE NE
TALLAHASSEE FL 32308**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPS
THOMAS, WILLIAM**
STREET ADDRESS **7882 REYNOLDS DR.**
CITY- ST- ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **DT
NELSON, CARRO**
STREET ADDRESS **7882 REYNOLDS DR.**
CITY- ST- ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

**10031 JOURNEYS END
TALLAHASSEE, FL 32312**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

**10031 JOURNEYS END
TALL, FL 32312**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

W.A. (Bill) Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0047529

CR2E034 (9/96)