

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S23263 (4)

1. Corporation Name

HAVEN MANAGEMENT OF TALLAHASSEE, INC.

Principal Place of Business

1471 CAPITAL CIR N.W.
SUITE B
TALLAHASSEE FL 32303
US

Mailing Address

P.O. BOX 2388
TALLAHASSEE FL 32316
US

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified

01/01/1991

3a. Date of Last Report

05/01/1994

4. FBI Number

59-3045364

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

9. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

8. Name and Address of Current Registered Agent

**CAPPS, BETTY J.
RT 4 BOX 2349
HAVANA FL 32333**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DVP	CAPPS, BETTY J.	RT 4 BOX 2349	HAVANA FL
DS	MENCHINGER, COLLEEN B.	2742 HARTSFIELD RD	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
DP	Capps, Betty J.	Route 4 Box 2349	Havana, FL 32333	☒	☐
DS	Menchinger, Colleen B.	2104 Croyden Rd.	Tallahassee, FL 32303	☒	☐
DVP	George Capps	Route 4 Box 2349	Havana, FL 32333	☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Betty Capps President
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

3/5/95 (904) 574-2836
DATE DAYTIME PHONE #