FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V63855** **(3)**

1. Corporation Name

FLEA MARKET TALLAHASSEE LAND COMPANY

Principal Place of Business	Mailing Address
12888 SE HWY 441 BELLEVIEW FL 34420 US	12888 SE HWY 441 BELLEVIEW FL 34420 US

3. Date Incorporated or Qualified: **09/15/1992**
3a. Date of Last Report: **02/14/1995**

4. FEI Number: **59-3143345** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SHADDIX, STEVEN L.
12888 SE HWY 441
BELLEVIEW FL 34420

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	SHADDIX, WILLIAM O., II		1.2 NAME	
STREET ADDRESS	135 SHADY BRANCH TRAIL		1.3 STREET ADDRESS	1 Deer Moss Trail
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	Ormond Beach FL
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GORDON, SHARON S.		2.2 NAME	
STREET ADDRESS	7611 TIMBERLY CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	FOX, SHARLENE S.		3.2 NAME	
STREET ADDRESS	855 PINE FOREST TRAIL W.		3.3 STREET ADDRESS	1256 Fernleaf Drive
CITY-ST-ZIP	PORT ORANGE FL		3.4 CITY-ST-ZIP	Port Orange FL
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SHADDIX, MADELINE E.		4.2 NAME	
STREET ADDRESS	6 HOMAN TERR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SHADDIX, STANLEY WILLIAM		5.2 NAME	
STREET ADDRESS	2130 OLD DAYTONA RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SHADDIX, STEVEN L.		6.2 NAME	
STREET ADDRESS	12888 SE HWY 441		6.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 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 added above or on an attachment with an address.

SIGNATURE: STEVEN L. SHADDIX 3/15/96 352-245-6766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #