

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90015 005 ***150.00

DOCUMENT # P95000020181

1. Corporation Name

SPIRIT REALTY, INC. OF TALLAHASSEE

Principal Place of Business

**216 LAKE ELLA DR.
TALLAHASSEE FL 32303**

Mailing Address

**P O BOX 37297
TALLAHASSEE FL 32315
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1995

4. FEI Number

59-3300725

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 922 E. Lafayette St.
Suite, Apt. #, etc.

2a. Mailing Address

26 922 E. Lafayette St.
Suite, Apt. #, etc.

22 Suite C

27 Suite C

23 Tallahassee, FL

28 Tallahassee, FL

Zip Country

24 32301 25 US

Zip Country

29 32301 30 US

9. Name and Address of Current Registered Agent

**FRAZIER, SANDRA B
216 LAKE ELLA DR.
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name

Sandra B. Frazier

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

922 E. Lafayette St., Suite C

83

84 City **Tallahassee**

FL

85 Zip Code
32301

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 ☐ DELETE

TITLE D
NAME FRAZIER, SANDRA B
STREET ADDRESS 216 LAKE ELLA DR.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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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

1.1 TITLE **D/P** ☒ Change ☐ Addition

1.2 NAME **Sandra B. Frazier**

1.3 STREET ADDRESS **922 E. Lafayette St., Suite C**

1.4 CITY-ST-ZIP **Tallahassee, FL 32301**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Sandra B. Frazier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99

877-4343

CR2E034 (1/98)