

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G44760

Entity Name: M OF TALLAHASSEE, INC.

Current Principal Place of Business:

4223 CAPITAL CIR. NW
TALLAHASSEE, FL 32303

Current Mailing Address:

4223 CAPITAL CIR. NW
TALLAHASSEE, FL 32303

FEI Number: 59-2280870

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MAYFIELD, CATHERINE D
4223 CAPITAL CIRCLE N.W.
TALLAHASSEE, FL 32303 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name MAYFIELD, EMORY L
Address 4223 CAPITAL CIRCLE N.W.
City-State-Zip: TALLAHASSEE FL 32303

Title VP
Name MAYFIELD, WILLIAM
Address 4223 CAPITAL CIRCLE N.W.
City-State-Zip: TALLAHASSEE FL 32303

Title SVP
Name MAYFIELD, CATHERINE D
Address 4223 CAPITAL CIRCLE N.W.
City-State-Zip: TALLAHASSEE FL 32303

Title VPC
Name MAYFIELD, HENRY M
Address 4223 CAPITAL CIRCLE NW
City-State-Zip: TALLAHASSEE FL 32303

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EMORY L MAYFIELD

PRESIDENT

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date