

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED

95 FEB 14 PM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L90046** (8)  
1. Corporation Name  
**THE TALLAHASSEE STREETRODDERS, INC.**

Principal Place of Business Mailing Address  
**P.O. BOX 5241 TALLAHASSEE FL 32314** **P.O. BOX 5241 TALLAHASSEE FL 32314**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/31/1990** 3a. Date of Last Report **02/10/1994**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

4. FEI Number **59-3075423** 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

**LINDSEY, JERRY D  
ROUTE 4 BOX 6407  
CRAWFORDVILLE FL 32327**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME SLOAN, RUSSELL  
STREET ADDRESS RT. 3, BOX 379  
CITY- ST- ZIP HAVANA FL 32333

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE V  
NAME HEBURN, DICK  
STREET ADDRESS 2502 HELENE LANE  
CITY- ST- ZIP TALLAHASSEE FL

2.1 TITLE  Change  Addition  
2.2 NAME **MIKE DIXON**  
2.3 STREET ADDRESS **RT. 28 BOX 1615**  
2.4 CITY- ST- ZIP **TALLAHASSEE FL 32310**

TITLE S  
NAME MACMASTER, CAROL  
STREET ADDRESS 2205 EAST GATE WAY  
CITY- ST- ZIP TALLAHASSEE FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE T  
NAME LINDSEY, JERRY  
STREET ADDRESS ROUTE 4 BOX 6407  
CITY- ST- ZIP CRAWFORDVILLE FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

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)(b), 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: *Jerry Lindsey* **JERRY LINDSEY - TREASURER 2-10-95** 904 421-3850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)