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 # **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

3. Date Incorporated or Qualified: **07/31/1990**
3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (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: Jerry D. Lindsey / JERRY D. LINDSEY / TREASURER 01-24-96
Signature of the 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 ☒ DELETE	1.1 TITLE	P ☐ Change ☒ Addition
NAME	SLOAN, RUSSELL	1.2 NAME	PETORE CANNELLA
STREET ADDRESS	RT. 3, BOX 379	1.3 STREET ADDRESS	5942 WILLIAMS RD
CITY-ST-ZIP	HAVANA FL 32333	1.4 CITY-ST-ZIP	TALL. FL 32311
TITLE	V ☒ DELETE	2.1 TITLE	V ☐ Change ☒ Addition
NAME	DIXON, MIKE	2.2 NAME	NORMAN CARPENTER
STREET ADDRESS	RT. 28 BOX 1615	2.3 STREET ADDRESS	1205 IDLEWILD DR
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALL. FL. 32311
TITLE	S ☒ DELETE	3.1 TITLE	S ☐ Change ☒ Addition
NAME	MACMASTER, CAROL	3.2 NAME	SHERRIE SLOAN
STREET ADDRESS	2205 EAST GATE WAY	3.3 STREET ADDRESS	RT. 3 BOX 379
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	HAVANA, FL 32333
TITLE	T ☐ DELETE	4.1 TITLE	T ☒ Change ☐ Addition
NAME	LINDSEY, JERRY	4.2 NAME	JERRY LINDSEY
STREET ADDRESS	ROUTE 4 BOX 6407	4.3 STREET ADDRESS	68 SAVANNAH RD.
CITY-ST-ZIP	CRAWFORDVILLE FL	4.4 CITY-ST-ZIP	CRAWFORDVILLE FL 32327
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Jerry D. Lindsey / JERRY LINDSEY / TREAS. 01-24-96 421-3850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #