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Jan 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: **P.O. BOX 5241 TALLHASSEE FL 32314**
Mailing Address: **P.O. BOX 5241 TALLHASSEE FL 32314-5241**

3. Date Incorporated or Qualified: **07/31/1990**
3a. Date of Last Report: **01/29/1996**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

4. FEI Number: **59-3075423**
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: **CANELLA, ETORE**
82 Street Address (P.O. Box Number is Not Acceptable): **5942 WILLIAMS RD**
83
84 City: **TALAHASSEE FL** 85 Zip: **32314**

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: *Etores Cannella* **ETORE CANNELLA** 1/9/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	CANNELLA, ETORE	
STREET ADDRESS	5942 WILLIAMS RD	
CITY-ST-ZIP	TALLHASSEE FL	
TITLE	V	<input checked="" type="checkbox"/>
NAME	CARPENTER, NORMAN	
STREET ADDRESS	1205 IDLEWILD DR	
CITY-ST-ZIP	TALLHASSEE FL	
TITLE	S	<input checked="" type="checkbox"/>
NAME	SLOAN, SHERRIE	
STREET ADDRESS	RT 3 BOX 379	
CITY-ST-ZIP	HAVANA FL	
TITLE	T	<input checked="" type="checkbox"/>
NAME	LINDSEY, JERRY	
STREET ADDRESS	68 SAVANNAH RD	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	SLOAN, RUSSELL		
2.3 STREET ADDRESS	Rt 3 Box 379		
2.4 CITY-ST-ZIP	Havana Fl 32333		
3.1 TITLE	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Cannella, Doris		
3.3 STREET ADDRESS	5942 Williams Rd		
3.4 CITY-ST-ZIP	Tallahassee, Fl 32311		
4.1 TITLE	T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Widmann, Richard		
4.3 STREET ADDRESS	Rt 1 Box 175-S		
4.4 CITY-ST-ZIP	Monticello Fl 32344		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: *R.J. Widmann* **R. J. WIDMANN** [904] 997-8187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/96)