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Secretary of State

03-03-1999 90018 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **L90046**

1. Corporation Name
THE TALLAHASSEE STREETRODDERS, INC.

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

Mailing Address
 P.O. BOX 5241
 TALLAHASSEE FL 32314



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/31/1990

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
MORGAN, DAVID
315 SOUTH BELLAMY
QUINCY FL 32351

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, DAVID	
STREET ADDRESS	315 SOUTH BELLAMY	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SLOAN, SHERRIE	
STREET ADDRESS	RT 3 BOX 379	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WINKLER, MAGGIE	
STREET ADDRESS	4125 ARKLOW DR E	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LINDSEY, LINDA	
STREET ADDRESS	68 SAVANNAH ROAD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RUSSELL SLOAN	
1.3 STREET ADDRESS	RT. 3 BOX 379	
1.4 CITY-ST-ZIP	HAVANA, FL 32333	
2.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DICK HEBURN	
2.3 STREET ADDRESS	2502 HELENE LANE	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32304	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHERRIE SLOAN	
3.3 STREET ADDRESS	RT 3 BOX 379	
3.4 CITY-ST-ZIP	HAVANA, FL 32333	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BUTCH CANNELLA	
4.3 STREET ADDRESS	5942 WILLIAMS RD	
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Butch Cannella* Butch Cannella Treasurer 1-10-99 850 656 2104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)