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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P36367**

1. Corporation Name
TALLAHASSEE HOLDINGS, INC.



Principal Place of Business: 161 VILLAGE PARKWAY, BUILDING 7, MARIETTA GA 30067
 Mailing Address: 161 VILLAGE PARKWAY, BUILDING 7, MARIETTA GA 30067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/13/1991**

4. FEI Number: **58-1900394** 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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

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

9. Name and Address of Current Registered Agent
PROCTOR-AUSLEY, MCMULLEN J
227 S. CALHOUN ST
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name: _____

82 Street Address (P.O. Box Number is Not Acceptable): _____

83 _____

84 City: _____ State: **FL** Zip Code: 85 _____

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: DP DELETE
 NAME: BROWN, G. OWEN
 STREET ADDRESS: 695 RIVER KNOLL DRIVE
 CITY-ST-ZIP: MARIETTA GA

TITLE: DST DELETE
 NAME: ARMSTRONG, WILLIAM L.
 STREET ADDRESS: ~~1506 WOOD THRUSH WAY~~
 CITY-ST-ZIP: MARIETTA GA

TITLE: _____ DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE: _____ Change Addition
 2.2 NAME: _____
 2.3 STREET ADDRESS: **5303 Baldwin Ridge Trail**
 2.4 CITY-ST-ZIP: _____

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

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

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

6.1 TITLE: _____ Change 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: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Owen Brown**

Date: **1/5/99** Daytime Phone #: **770-956-8383**

CR2E034 (11/98)