## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000002914 (8)

TANNER RICHMOND, INC.

Principal Place of Business

1813 MAPLE LEAF DR.

Mailing Address

1813 MAPLE LEAF DR.

## **FILED** May 11 1998 8:00am Secretary of State



WINDERMERE FL 34786 WINDERMERE FL 34786 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/16/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3311654 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zin Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KITTS, DANIEL J R1 Name 1813 MAPLE LEAF DR. Street Address (P.O. Box Number is Not Acceptable) WINDERMERE FL 34788 83 84 City 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition KITTS, DANIEL J NAME 12 NAME 1813 MAPLE LEAF DR. STREET ADDRESS 1.3 STREET ADDRESS **WINDERMERE FL 34786** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition KITTS, DEBRA J NAME 2.2 NAME 1813 MAPLE LEAF DR STREET ADDRESS 2.3 STREET ADDRESS WINDERMERE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 officer or director of the corpo Block 12 or Block 13 if change ad, or on an attachment with an address

SIGNATURE:

4/29/98 407-295-34/1 decreta. Lyanus