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 # **212998** **(9)**

1. Corporation Name

TARPON PLAZA, INC.

Principal Place of Business

1650 SEABREEZE DR
PO BOX 7
TARPON SPRGS FL 34689

Mailing Address

3117 HARVEST MOON DRIVE
PALM HARBOR FL 34683
US

3. Date Incorporated or Qualified: **06/14/1958**

3a. Date of Last Report: **04/24/1995**

4. F.E.I. Number: **36-6081369** ☐ 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

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

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

9. Name and Address of Current Registered Agent

CANTONIS, MICHAEL
855 E. PINE STREET
TARPON SPRINGS FL 33589

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 607.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CANTONIS,MICHAEL G 1650 SEABREEZ DRIVE TARPON SPRINGS FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CANTONIS, GEORGE M. 205 BAYVIEW DRIVE BELLEAIR FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANTONIS,ANASTASIA 1650 SEABREEZE DR TARPON SPRINGS FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANTONIS,GEORGE 205 BAYVIEW DRIVE BELLEAIR FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE / 6 NAME / 7 STREET ADDRESS / 8 CITY-ST-ZIP		☐ Change ☐ Addition
9 TITLE / 10 NAME / 11 STREET ADDRESS / 12 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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)(i), Florida Statutes. I further certify that the information indicated on this 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 added above or on an attachment with an address.

SIGNATURE: Michael G Cantonis **President** **March 26, 1996** **(813)938-5067**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone Number

CR2E034 (12/95)