

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 331887

(0)

1. Corporation Name

TAHITIAN APARTMENTS, INC.

Principal Place of Business

1803 U.S. 19
HOLIDAY FL 34691
US

Mailing Address

% J. BOB HUMPHRIES ESQ.
501 E. KENNEDY BLVD. FL 1700
TAMPA FL 33602-4888
US

FILED

97 APR 30 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/28/1968

3a. Date of Last Report

04/30/1996

4. FEI Number

59-2222677

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

HUMPHRIES, BOB J ESQ
FOWLER, WHITE LAW FIRM
501 E KENNEDY BLVD., SUITE #1700
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME SPEER, RICHARD M
STREET ADDRESS 1803 U.S. 19
CITY-ST-ZIP HOLIDAY FL 34691

TITLE SD ☐ DELETE
NAME BAKER, RICHARD W
STREET ADDRESS 1803 U.S. #19
CITY-ST-ZIP HOLIDAY FL

TITLE AS ☐ DELETE
NAME HUMPHRIES, BOB J
STREET ADDRESS 501 E KENNEDY STE #1700
CITY-ST-ZIP TAMPA FL

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 600002159946-3
1.3 STREET ADDRESS -04/30/97--01027--010
1.4 CITY-ST-ZIP *****165.00 *****165.00

2.1 TITLE S/T/D ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
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 D/P ☐ Change ☒ Addition
4.2 NAME Scherer, J. Chris
4.3 STREET ADDRESS 2210 Destiny Way
4.4 CITY-ST-ZIP Odessa, FL 33556

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 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 if changed, or on an attachment with an address.

SIGNATURE:

J. Bob Humphries, Assistant Secretary

4/29/97 (813) 222-1173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0352990

CR2E034 (9/96)