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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 343419 1. Corporation Name

ED TARVER, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90007 046 ***150.00



Principal Place of Business Mailing Address						- E JORSOO 11111 DIRBO 11111 DIRBO (IDEA ARI) DIBIN QIRIN EJBIJ DIBIN DI
1121 SO FLORI P.O. BOX 2275		1121 SO FLORIDA AVE. P.O. BOX 2275				DO NOT WRITE IN THIS SPACE
LAKELAND FL 33806-8307 LAKELAND FL 33806-830						3. Date Incorporated or Qualifed
						03/21/1969
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						59-1480917 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip	Соил			8. This corporation owes the current year Intangible
24	9. Name and Address of Current Registered Agent					Personal Property Tax.
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent
ťARVER III,EDWARD J			L			· · · · · · · · · · · · · · · · · · ·
-	BERKELEY ST			82	Street Addres	ess (P.O. Box Number is Not Acceptable)
CAKE	ELAND FL 33803		Ţ	83	_ 	
			ŀ	84	City	85 Zip Code
					<u>.</u> 	FL or cp occ
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 age		Registered /	Agent	t signature required v	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD OFFICERS AF	ND DIRECTORS ☐ DELETE	1.1 TIT	16		Change Addition
NAME	TARVER JR,EDWARD J		1.2 NA			
STREET ADDRESS	1121 S FLORIDA AVE.				ADDRESS	·
CITY-ST-ZIP	LAKELAND FL		1.4 CIT			
TITLE	D	☐ DELETE	2.1 T/T			☐ Change ☐ Addition
NAME	TARVER,GLORIA D		2.2 NA	ME		
STREET ADDRESS	1121 S FLORIDA AVE.		2.3 STF	REET	ADDRESS	
CITY-ST-ZIP	LAKELAND FL		2. 4 CH	ry-si	T-ZIP	
TITLE	D	☐ DELETE	3.1 TITE	ŁE.		☐ Change ☐ Addition
NAME	TARVER III,EDWARD J		3.2 NA	ME		
STREET ADDRESS	1121 S FLORIDA AVE.				ADORESS	,
CITY-ST-ZIP	LAKELAND FL	[] pc; cre	3.4. CIT	_	T-ZIP	Change Addition
TITLE		☐ DELETE	4.1 TITI			Change [] Addition
NAME			4. 2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CIT		-ZIP	☐ Change ☐ Addition
l l		E) 0412.12	5.2 NA			
NAME STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			5.4 CIT		Į.	
TITLE		☐ DELETE	6.1 TIT			☐ Change ☐ Addition
NAME			6.2 NA	ME		,
STREET ADDRESS			6.3 \$77	REET	ADDRESS	
CITY-ST-ZIP	•	·	6.4 CIT	Y-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: