

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 377992 (3)
1. Corporation Name
TARPON-HOLIDAY DEVELOPMENT CORPORATION

Principal Place of Business
~~1803 U.S. HIGHWAY 10~~
~~HOLIDAY FL 34601~~

Mailing Address
~~1803 U.S. HIGHWAY 10~~
~~HOLIDAY FL 34601~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2535 Success DR Suite, Apt. #, etc. 22 City & State 23 ODESSA FL Zip 24 33556		2a. Mailing Address 26 2535 Success DR Suite, Apt. #, etc. 27 City & State 28 ODESSA FL Zip 29 33556		3. Date Incorporated or Qualified 03/01/1971	
25 PASCO		30 PASCO		4. FEI Number 59-1403899	
9. Name and Address of Current Registered Agent BAKER, RICHARD W 1803 U.S. HIGHWAY 10 HOLIDAY FL 34601		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year's Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

81 Name RICHARD W BAKER	
82 Street Address (P.O. Box Number is Not Acceptable) 2535 SUCCESS DR	
83	
84 City ODESSA	85 Zip Code 33556

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P/D
NAME	CHRIS SCHERER	12 NAME	CHRIS SCHERER
STREET ADDRESS	1803 US 10	13 STREET ADDRESS	2535 SUCCESS DR
CITY-ST-ZIP	HOLIDAY FL	14 CITY-ST-ZIP	ODESSA FL 33556
TITLE	STD	21 TITLE	S/T/D
NAME	RICHARD W. BAKER	22 NAME	RICHARD W BAKER
STREET ADDRESS	1803 US 10	23 STREET ADDRESS	2535 SUCCESS DR
CITY-ST-ZIP	HOLIDAY FL	24 CITY-ST-ZIP	ODESSA FL 33556
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE: 

CR2E034 (10/97)