FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 14 AM 10:4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 429617 (4)

1. Corporation Name
THE TARPHO CORPORATION

Principal Place of Business	Mailing Address
3939 BLOOMING HILL LANE PALM HARBOR FL 34684-4106 US	3939 BLOOMING HILL LANE PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/02/1973
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21: ~~520 ISLAND AVE~~ 777 ROOSEVELT BLVD.
22: Suite, Apt. #, etc.
23: City & State: TARPON SPRINGS, FL
24: Zip: 34689
25: Country: PINELLAS

2a. Mailing Address
26: 777 ROOSEVELT BLVD.
27: Suite, Apt. #, etc.
28: City & State: TARPON SPRINGS, FL
29: Zip: 34689
30: Country: PINELLAS

4. FEI Number: 59-1482463 ☐ 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

9. Name and Address of Current Registered Agent

MONA, MICHAEL PN
3939 BLOOMINGHILL LA.
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 520 ISLAND AVE
83
84 City: TARPON SPRINGS FL 85 Zip Code: 34689

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: Michael P.N. Mona MICHAEL P.N. MONA PDT 10 MAR. 95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	☒ Change ☐ Addition
NAME	MONA, MICHAEL PN	1.2 NAME	
STREET ADDRESS	3939 BLOOMING HILL LA	1.3 STREET ADDRESS	520 ISLAND AVE.
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	VPS	2.1 TITLE	☒ Change ☐ Addition
NAME	MONA, NELLY E	2.2 NAME	
STREET ADDRESS	3939 BLOOMING HILL LANE	2.3 STREET ADDRESS	520 ISLAND AVE.
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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. 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 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: Michael P.N. Mona MICHAEL P.N. MONA PDT 813-934-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10 MAR 95

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