

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **436479** (0)

1. Corporation Name

**TARLETON, INC.**



Principal Place of Business

**13594 SW 58 AVE.  
MIAMI FL 33156  
US**

Mailing Address

**13594 SW 58 AVE.  
MIAMI FL 33156  
US**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**JACOBS, ERIC  
13594 S.W. 58TH AVENUE  
MIAMI FL 33156**

3. Date Incorporated or Qualified

**09/20/1973**

3a. Date of Last Report

**06/22/1995**

4. FEE Number

**59-1485940**

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

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 607.0602 and 607.1606, 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. Thereby accept the appointment as registered agent. I am:  
familiar with, and accept the obligations of, Section 607.0606, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation

Signature of the person who is the registered agent of the corporation

12/95

12. OFFICERS AND DIRECTORS

|                       |                        |                                 |
|-----------------------|------------------------|---------------------------------|
| 12.1 NAME             | PD                     | <input type="checkbox"/> DELETE |
| 12.2 STREET ADDRESS   | JACOBS, MOLLIE         |                                 |
| 12.3 CITY - ST - ZIP  | 13594 SW 58TH AVENUE   |                                 |
| 12.4 NAME             | SD                     | <input type="checkbox"/> DELETE |
| 12.5 NAME             | JACOBS, ERIC           |                                 |
| 12.6 STREET ADDRESS   | 13594 S.W. 58TH AVENUE |                                 |
| 12.7 CITY - ST - ZIP  | MIAMI FL               |                                 |
| 12.8 NAME             | VP                     | <input type="checkbox"/> DELETE |
| 12.9 NAME             | JACOBS, RICHARD        |                                 |
| 12.10 STREET ADDRESS  | 6246 S.W. 99TH TERRACE |                                 |
| 12.11 CITY - ST - ZIP | MIAMI FL               |                                 |
| 12.12 NAME            |                        | <input type="checkbox"/> DELETE |
| 12.13 NAME            |                        |                                 |
| 12.14 STREET ADDRESS  |                        |                                 |
| 12.15 CITY - ST - ZIP |                        |                                 |
| 12.16 NAME            |                        | <input type="checkbox"/> DELETE |
| 12.17 NAME            |                        |                                 |
| 12.18 STREET ADDRESS  |                        |                                 |
| 12.19 CITY - ST - ZIP |                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                       |                                                                   |
|-----------------------|-------------------------------------------------------------------|
| 13.1 NAME             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME             |                                                                   |
| 13.3 STREET ADDRESS   |                                                                   |
| 13.4 CITY - ST - ZIP  |                                                                   |
| 13.5 NAME             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 NAME             |                                                                   |
| 13.7 STREET ADDRESS   |                                                                   |
| 13.8 CITY - ST - ZIP  |                                                                   |
| 13.9 NAME             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 NAME            |                                                                   |
| 13.11 STREET ADDRESS  |                                                                   |
| 13.12 CITY - ST - ZIP |                                                                   |
| 13.13 NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 NAME            |                                                                   |
| 13.15 STREET ADDRESS  |                                                                   |
| 13.16 CITY - ST - ZIP |                                                                   |
| 13.17 NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.18 NAME            |                                                                   |
| 13.19 STREET ADDRESS  |                                                                   |
| 13.20 CITY - ST - ZIP |                                                                   |

14. I 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)(k), 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 this 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:

*Eric M. Jacobs* **ERIC JACOBS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/22/96**

**305-531-3553**

Date

Telephone Number

CR2E034 (12/95)