## FILED May 17, 1999 8:00 am Secretary of State 05-17-1999 90007 014 \*\*\*150.00

## **PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corgration Name  The Tames Gang, Truc.  Principal Place of Business  Principal Place of Business  Mailing Address  Principal Place of Business  2. Principal Place of Business  3. Date Incorporated or Qualified  4. FEI Number  Noi Applied For  Noi Applied For  Noi Applied For  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired  \$8.75 Additional Fee Required  City & State  City & State  City & State  City & State  6. Election Campaign Financing  \$5.00 May Be
Principal Place of Business  Principal Place of Business  Mailing Address  Principal Place of Business  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  Principal Place of Business  2. Mailing Address  3. Date Incorporated or Qualified  Principal Place of Business  2. Principal Place of Business  2. Principal Place of Business  3. Date Incorporated or Qualified  Principal Place of Business  3. Control Place of Business  3. Control Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Suite, Apt. #, etc.
PT 4 South Brouks with PAR  FF, PIBACE, FA, 34945  2. Principal Place of Business  2. Principal Place of Business  2. Mailing Address  3. Date Incorporated or Qualifed  4. FEI Number  Applied For  Not Applied For  Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  Suite, Apt. #, etc.  2. City & State  City & State  City & State  See Election Campage Financing  S. OP May Re
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DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  2. Principal Place of Business  21. Principal Place of Business  22. Mailing Address  4. FEI Number  5. Gertificate of Status Desired  Suite, Apt. #, etc.  23. Date Incorporated or Qualified  4. FEI Number  5. Certificate of Status Desired  \$8.75 Additional Fee Required  City & State  City & State  5. Election Carpogna Financing  \$5.00 May Re
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2. Principal Place of Business  2. Principal Place of Business  2. Principal Place of Business  2. Mailing Address  2. Mailing Address  3. Date Incorporated or Qualified  4. FEI Number  5. 9-1848954  Not Applied For  Not Applied For  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Required  City & State  City & State  5. Date Incorporated or Qualified  8. Applied For  Not Applied For  South, Apt. #, etc.  5. Certificate of Status Desired  Fee Required  State  Sta
21) Ft. PERCE FLA 34445 26 3724. So. Brechson # Rd. 59-1848854 Not Applicable  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  City & State  City & State  City & State  State  Suite, Apt. #, etc.  Fee Required  State  Suite, Apt. #, etc.
21 Ft PIBRCE FLA 34945 26 3724, So Bifact Son, M. R.L., 59-1848 45 4 Not Applicable  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  Fee Required  City & State  City & State  Sta
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22 27 Fee Required  City & State 5 Flection Campaign Figure 9 5 00 May Re
City & State City & State 6 Flection Campaign Financing 5 00 May 86
23 FY DIEACE, 67 16 NG 15 28 Pt. DIBACE ST. LUCIE Trust Fund Contribution Added to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible
24 34945 25 29 34945 30 Personal Property Tax.
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
GERALD S. JAMES
3724 South Prochismith RD
F(. PIERCE, F/A, 34945
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 obligation of Section 607.0505, Florida Statutes.
SIGNATURE Signature_lepted or prosted/name of registered agent and/steed approaching (NOTE: Registered Agent signature required when reinstating)  OAV
12. OFFICERS AND PIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIME PRESIDENT DIRECTOR DELETE 11 TIME Change Addition
NAME GERALD S. JAMES STREET ADDRESS 3724 SON TA BROCK SON THE PLAN 13 STREET ADDRESS
STREET ADDRESS 3724 SON THE PROCESS 13 STREET ADDRESS
CITY-ST-ZIP 74, 0, 6, 6, 6, 6, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,
V.A. DIAFETOR
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and a second string
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NAME   32 NAME   32 NAME   32 NAME   32 NAME   33 STREET ADDRESS   33 STREET ADDRESS   34. CITY. 5T-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:

D OR PRINTED HAME OF SIGNING OF