

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 585778 (4)

1. Corporation Name

TARCAI FARM & GARDEN CENTER, INC.



Principal Place of Business

1717 N. MAIN ST.
KISSIMMEE FL 34744

Mailing Address

1717 N. MAIN ST.
KISSIMMEE FL 34744

2. Principal Place of Business

21 101 W. CYPRESS

Suite, Apt. #, etc.

22 SUITE N.

City & State

23 KISSIMMEE FLA

Zip

24 34741

Country

25 OSEOLA

2a. Mailing Address

26 101 W. CYPRESS

Suite, Apt. #, etc.

27 SUITE N.

City & State

28 KISSIMMEE, FLA

Zip

29 34741

Country

30 OSEOLA

3. Date Incorporated or Qualified

09/01/1978

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1854472

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 or intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TARCAI, LOUIS JR.
1717 N. MAIN ST
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name

LOUIS TARCAI JR

82 Street Address (P.O. Box Number is Not Acceptable)

101 W. CYPRESS ST - SUITE N.

83

84 City

KISSIMMEE

FL

85 Zip Code

34741

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 agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TARCAI, LOUIS JR.
STREET ADDRESS 1717 N. MAIN ST.
CITY - ST - ZIP KISSIMMEE FL ☐ DELETE

TITLE STD
NAME TARCAI, NELDA V.
STREET ADDRESS 1717 N. MAIN ST.
CITY - ST - ZIP KISSIMMEE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 101 W. CYPRESS ST SUITE N
1.4 CITY - ST - ZIP KISSIMMEE, FL 34741

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 101 W. CYPRESS ST SUITE N
2.4 CITY - ST - ZIP KISSIMMEE, FL 34741

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 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:

LOUIS TARCAI JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

Date

407-846-6006
407-847-3561

Daytime Phone #

CR2E034 (12/95)