**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 612953 (0) TARA TRAIL, INC. Principal Place of Business Mailing Address 81 CUNNINGHAM DRIVE **B1 CUNNINGHAM DRIVE** NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/14/1979 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-1921996 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country ZiD Country This corporation owes or has paid the current year Intangible 25 24 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name WHITE, T.J. 81 CUNNINGHAM DR 82 Street Address (P.O. Box Number is Not Acceptable) **NEW SMYRNA BEACH FL 32069** 83 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 Stgnature, typed or printed hame of registered agent and fille it applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1 1 TITLE WHITE,T.J. DR NAME 1.2 NAME CR2E034 81 CUNNINGHAM DR STREET ADDRESS 1.3 STREET ADDRESS NEW SMYRNA BEACH FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE KIMBALL, WILLIAM J NAME 2.2 NAME 2002 MIKE ST STREET ADDRESS 2.3 STREET ADDRESS **SOUTH DAYTONA FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE HARDING, RICHARD S NAME 3.2 NAME **RT 1 BOX 74** STREET ADDRESS 33 STREET ADDRESS LONGWOOD FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADORESS

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SIGNATURE: I lilyte

DELETE

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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.

President

Change

Addition