

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

①

95 JUN 25 14 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #646460

1. Corporation Name

Tarver and Rosebud, Inc.

Principal Place of Business

Mailing Address

415 N. Sunset Blvd.
Gulf Breeze, Fla 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11-28-79 3a. Date of Last Report 8-2-94

4. FEI Number 59-5124091 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Wilson, Frank R.
415 N. Sunset Blvd.
Gulf Breeze, Fla. 32561

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

11. Pursuant to the provisions of Sections 607 0502 and 607 150A 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) = printed name of registered agent and fee application

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD NAME Wilson, Wayne W. STREET ADDRESS P.O. Box 128 N/A CITY, ST, ZIP Montrose, Ala 36559

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP 100001547861 -07/27/95--01070--005 ****225.00 ****225.00

TITLE SD NAME Wilson, Eugenia H. STREET ADDRESS 4088 E. Oak St. CITY, ST, ZIP Atmore, Ala. 36502

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP

TITLE D NAME Buchanan, Wanda R. STREET ADDRESS 932 Fremont Ave. CITY, ST, ZIP Pensacola, Fl.

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP

TITLE TD NAME Wilson, Frank R. STREET ADDRESS 415 N. Sunset Blvd. CITY, ST, ZIP Gulf Breeze, Fl. 32561

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP

TITLE D NAME Wilson, Roger B. STREET ADDRESS 968 Brunswick Lane CITY, ST, ZIP Rockledge, Fl.

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP

TITLE D NAME Wilson, Gerald B. STREET ADDRESS 8010 S. Hagler Dr. CITY, ST, ZIP West Palm Beach, Fl.

6.1 TITLE 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 02(d)(1), 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:

Frank R. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-95

(Date)

(Typed Name)

ADDITIONS

(2)

D. WILSON, NED T.
PO BOX 190
RT. 2 BOX 94
Midway, Ala.

D. IRIS E. HUGHES
1790 DEARHAMME RD.
Dermerville, Ala.

D. ELAINE W. NETTLES
3811 N. 12th ave.
Deramala, Fla.

VD JACK R. WILSON
6099 2nd St. ave.
St. Petersburg, Fla.