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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 827123 1. Corporation Name

TARA MOBILE HOMES, INC.

17 (17)	11 A							
Principal Place	of Business	Mailing Address				110001 70110 11011		
P.O. BOX 7037		P.O. BOX 7037			5 · · ·			
JACKSONVILLE FL 32238		JACKSONVILLE FL 32238		2	DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed		
	•	•				12/02/1971		}
2 D-(of Business	2a. Mailing Address				4. FEI Number	Apr	olied For
2. Principal Place of Business		26				58-0915866	Not	Applicable
Suite, Apt. #, etc.		Suite. Apt. #, etc.				_	\$8.75 A	dditional
¬ ''		27				5. Certificate of Status Desired	Fee Red	quired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
¬ '		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Co	untry		8. This corporation owes the current year In	tangible	
24	25	29	30			Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre					10. Name and Address of New Registered	Agent	
		1		81	Name			
RYLE	E, ROBERT C			82	Stroot Add	ress (P.O. Box Number is Not Acceptable)		
1509 MAPLES LEAF LANE				62	Stiest Addi	The state of the s	er g un Ave	promoter a
ORA	NGE PARK FL 32073			83				
							85 Zip C	
				84	City	Fl	-	
office or r	anietared scent or both in the State	a of Fiorida. Such change was	auulouze	CU DY I	file colpoies	poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	intment as reg	gistered
•	m familiar with, and accept the oblig	·	Toriua Sta	atut es .				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NC	TE: Registers	ed Agent		ed when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NC	TE: Registere	ed Agent				
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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.

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90011 028 ***150.00