FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5) F85677 TARPON TURTLE INN AND RESORT, INC. Principal Place of Business Mailing Address 1513 LAKE TARPON AVE. 1513 LAKE TARPON AVE. TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2. Principal Place of Business 2a. Mailing Address

Suite Apt # etc.

City & State

26

28

29

9. Name and Address of Current Registered Agent

FILED Apr 08 1998 8:00am Secretary of State

	DO NOT WRITE IN THIS SPACE			
3.	Date Incorporated or Qualified			
	06/07/1982			
4.	FEI Number			Applied For
	59-2212463			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	
₿.	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🗖 Yes 🔲 No			
Name and Address of New Registered Agent				
INSOM, ROGER J.E.				
(P	O. Box Number is Not Accepts LRKE TAR PON	AVE	۲,	

SPRING-

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. PRES le il applicabil PTKINSON printed name of registered agr ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE __ DELETE ☐ Change ■ Addition ATKINSON, ROGER J E NAME 1.2 NAME 1513 LAKE TARPON AVE. STREET ADDRESS 1.3 STREET ADDRESS TARPON SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP VSD DELETE Change Addition 2.1 TITLE NAME atkinson, billie R. 2.2 NAME STREET ADDRESS 1513 LAKE TARPON AVE. 2.3 STREET ADDRESS TARPON SPRINGS FL CITY-ST-ZIP 2.4 City-St-ZiP DELETE Addition 3.1 TITLE Change atkinson, david J. NAME 3.2 NAME 1513 LAKE TARPON AVE. STREET ADDRESS 3.3 STREET ADDRESS TARPON SPRINGS FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TETLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

Country

Street Address

CityTARPON

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 receivor 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 op an attactiment with an address.

SIGNATURE:

CITY-ST-ZIP

21

22

23

24

Zip

Suite Apt # etc.

25

111 EAST MADISON STREET, SUITE 2300

BIERLEY, JOHN C

TAMPA FL 33602

City & State

J.C.R. ATKINGON

(813) 934-3696