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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90137 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F85677**

1. Corporation Name
TARPON TURTLE INN AND RESORT, INC.



Principal Place of Business: 1513 LAKE TARPON AVE, TARPON SPRINGS FL 34689, US
 Mailing Address: 1513 LAKE TARPON AVE, TARPON SPRINGS FL 34689, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/07/1982**

4. FEI Number: **59-2212463** 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21. 2489 ASTER DRIVE Suite, Apt. #, etc.	22. PALM HARBOR, FLORIDA City & State	23. 34684 U.S.A. Zip Country	24. 2489 ASTER DRIVE Suite, Apt. #, etc.	25. PALM HARBOR, FLORIDA City & State	26. 34684 U.S.A. Zip Country
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9. Name and Address of Current Registered Agent
ATKINSON, ROGER J. E.
 1513 LAKE TARPON AVE
 TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. State	86. Zip Code
	2489 ASTER DRIVE		PALM HARBOR	FL	34684

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: J.R. Atkinson J.E.R. ATKINSON PRESIDENT 4-3-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: ATKINSON, ROGER J E	STREET ADDRESS: 1513 LAKE TARPON AVE.	CITY-ST-ZIP: TARPON SPRINGS FL	<input type="checkbox"/> DELETE
TITLE: VSD	NAME: ATKINSON, BILLIE R.	STREET ADDRESS: 1513 LAKE TARPON AVE.	CITY-ST-ZIP: TARPON SPRINGS FL	<input type="checkbox"/> DELETE
TITLE: TD	NAME: ATKINSON, DAVID J.	STREET ADDRESS: 1513 LAKE TARPON AVE.	CITY-ST-ZIP: TARPON SPRINGS FL	<input checked="" type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2489 ASTER DRIVE	PALM HARBOR, FLORIDA 34684	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2489 ASTER DRIVE	PALM HARBOR, FLORIDA 34684	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: J.R. Atkinson J.E.R. ATKINSON 4-3-99 (727) 784-4391
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)