

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90137 011 ***150.00

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.

2a. Mailing Address

26 2489 ASTER DRIVE
Suite, Apt. #, etc.

City & State

23 PALM HARBOR, FLORIDA

City & State

28 PALM HARBOR, FLORIDA

Zip Country

24 34684 25 U.S.A.

Zip Country

29 34684 30 U.S.A.

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)

2489 ASTER DRIVE

83

84 City PALM HARBOR

FL

85 Zip Code 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
Signature, typed or printed name of registered agent and title if applicable.

J.E.R. ATKINSON, PRESIDENT

4-3-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ATKINSON, ROGER J E
STREET ADDRESS 1513 LAKE TARPON AVE.
CITY-ST-ZIP TARPON SPRINGS FL

TITLE VSD ☐ DELETE

NAME ~~ATKINSON, BILLIE R.~~
STREET ADDRESS 1513 LAKE TARPON AVE.
CITY-ST-ZIP TARPON SPRINGS FL

TITLE TD ☒ DELETE

NAME ATKINSON, DAVID J.
STREET ADDRESS 1513 LAKE TARPON AVE.
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 2489 ASTER DRIVE
1.4 CITY-ST-ZIP PALM HARBOR, FLORIDA 34684

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 2489 ASTER DRIVE
2.4 CITY-ST-ZIP PALM HARBOR, FLORIDA 34684

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.E.R. ATKINSON, PRESIDENT

4-3-99

(727) 784-4391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)