

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90009 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F96000003484

1. Corporation Name

TERRY TATARU, P.A., INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1335 DUBLIN ROAD, SUITE 200A
COLUMBUS OH 43215

Mailing Address
P.O. BOX 360715
COLUMBUS OH 43236-0715
US

3. Date Incorporated or Qualified

07/08/1996

2. Principal Place of Business
21 **450 DOCK STREET**

2a. Mailing Address
26 **P.O. Box 630**

Suite, Apt. #, etc.
22 **# 3**

Suite, Apt. #, etc.
27

City & State
23 **CEDAR KEY, FLORIDA**

City & State
28 **CEDAR KEY, FLORIDA**

Zip
24 **32625**

Country
25 **U.S.**

Zip
29 **32625**

Country
30 **U.S.**

4. FEI Number
31-1367646

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

9. Name and Address of Current Registered Agent

HOLLIDAY, MICHAEL D
2351 WEST EAU GALLIE BLVD, SUITE 5
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name **TERRY TATARU**

82 Street Address (P.O. Box Number is Not Acceptable)
450 DOCK STREET, # 3

83

84 City **CEDAR KEY** FL 85 Zip Code **32625**

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 **TERRY TATARU**

1/15/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	TATARU, TERRY	
STREET ADDRESS	3086 MANN ROAD	
CITY-ST-ZIP	BLACKLICK OH 43004	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	NO MAIL DELIVERY TO STREET ADD. MAIL DELIVERY: P.O. BOX 630, CEDAR KEY, FL 32625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	7750 S.W. 125th TERRACE	
1.4 CITY-ST-ZIP	CEDAR KEY, FLORIDA 32625	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

TERRY TATARU, PRES **1/15/99** **(352) 543-6090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E034 (11/98)