## 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** 

## DOCUMENT # F9800003270 1. Corporation Name

GP TAM	PA, INC.								
Principal Place of Business Mailing Address					3		INNER USE INSELIUNG NOOM DEEL INNER	<u> </u>	1 IOBAL OBAL 1991
ONE SIERRAGATE PLAZA. STE C-275 ONE SIERRAGATE PLAZA. STE									
ROSEVILLE CA 95678-0402 ROSEVILLE CA 95678-0402				. •		•		:	
							DO NOT WRITE IN	THIS SPACE	· · · · · · · · · · · · · · · · · · ·
	•						corporated or Qualifed		
						06/10			
2. Principal P	lace of Business	2a. Mailing Address	- Mailing Address			4, FEI Nur		L A	pplied For
21		26	26			68-0412622 Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5 Certifica	ite.of.Status Desired		Additional
22		27				-5,206(1100	ite.dr. qualus. Desired	Fee R	equired
City & Stat	е	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23	28				Trust Fu	und Contribution	Added	to Fees	
Zip	Country	Zip	Cour			8. This corporation owes the current year Intangible		}	
24	25	29	30			Persona	al Property Tax.	☐ Yes	□No
9. Name and Address of Current Registered Agent						10. Name a	and Address of New Registe	red Agent	
WILLIAMS, AMBER F 911 CHESTNUT STREET				81	Name				
				82	Street Address	ss (P.O. Boy	Number is Not Acceptable)		
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CLEARWATER FL 33757									
									1831 281 163
The department of the second o				84	City	FL 85 Zip Code			
44 Pursuant	to the provisions of Sections 607 050	-named corpor	ration submits	s this statement for the purpos	e of changing its	s registered			
office or r	anistered agent or both in the State i	of Florida: Such change was au	ithorize:	1 hv 1	the corporation	's board of di	irectors. I hereby accept the a	ppointment as re	egistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Fion	ida Stati	utes.					
SIGNATURE	Signature, typed or printed name of registered agen	at and title if analicable (NOTE:	Registered	Agent	t signature required w	when reinstalling)	/ Visits DAT	F	
12.		D DIRECTORS	13.	, aguin	t agriculto roquiros vi		NS/CHANGES TO OFFICER		ORS IN 12
TITLE	PCD DELETE			1.1 TITLE		65/01		☐ Change	Addition
NAME	GARCIS, PAUL			1.2 NAME			1 V 1 to		
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DOOD WAS OA			1.4 CITY-ST-ZIP						
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TITLE	MARL MAREA F	- C OCCETE		3.1 TITLE				Ghange	
NAME !	วันโดยให้เปราวายสา		3.2 N						}
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NAME (necessary)	an divine bio	and the second of the second of the second	4.2 N	AME					

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 ch ment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

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CITY-ST-ZIP

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**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

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