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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **G06570**

1. Corporation Name
TAM ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 8720 SW S R 200
 SUITE 1
 OCALA FL 34481
 US

Mailing Address
 8720 SW S R 200
 SUITE 1
 OCALA FL 34481
 US

3. Date Incorporated or Qualified
11/01/1982

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2226392

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip Country

28. Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEILLOR, BERNARD J.
 10347 SW 73 AVE
 OCALA FL 34476

81 Name **JULIE R. BARHAM**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **5505 SW 107. ST**
 84 City **OCALA** 85 Zip Code **FL 34476**

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 *Julie R. Barham* Pres. 1/26/99
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** DELETE
 NAME **KEILLOR, BERNARD J.**
 STREET ADDRESS **10347 SW 73 AVE**
 CITY-ST-ZIP **OCALA FL**

1.1 TITLE **P** Change Addition
 1.2 NAME **JULIE R. BARHAM**
 1.3 STREET ADDRESS **5505 SW 107 ST**
 1.4 CITY-ST-ZIP **OCALA FL 34476**

TITLE **VP** DELETE
 NAME **NOLAND, CAROL**
 STREET ADDRESS **11610 SW 77TH CIRCLE**
 CITY-ST-ZIP **OCALA FL 34481**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **T** DELETE
 NAME **SKAFAS, HELEN**
 STREET ADDRESS **4377 SW 139TH STREET ROAD**
 CITY-ST-ZIP **OCALA FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **T** DELETE
 NAME **HILL, PENNY J**
 STREET ADDRESS **10623 SW 155TH ST**
 CITY-ST-ZIP **DUNNELLON FL 34432**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 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: *Julie R. Barham* Pres. 1/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)