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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G37457

(0)

TARTAN CONTRACTORS, INC.

## FILED Jan 20 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address	Mailing Address				JIN BUBNI MADAL BIB	N DICIR IDES
5351 CAMBERLEA AVE. ZEPHYRHILLS FL 33541		PO BOX 1847 ZEPHYRHILLS FL 33539 US	ZEPHYRHILLS FL 33539-1847			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
Deigning Di	Inco of Business	2a. Mailing Address						unlied for
<b>—</b>	lace of Business	<del></del>	<u></u>			"	<b>—</b> — —	pplied For lot Applicable
Suite, Apt.	# elc	26   Suite, Apt. #, etc.				59-2301667		Additional
22	#, <b>0</b> 10.	<u>}</u>	27			5. Certificate of Status Desired	<b>*</b>	lequired
City & State	City & State City & S					6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ıntry		8. This corporation owes or has paid the o		
24	25	29	30			Personal Property Tax due June 30. Yes XNo		
	g, Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registere	d Agent	
CAI	MPBELL, GALE L.			81	Name			
535			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
ZEP	PHYRHILLS FL 33541			83				
				83				
				84	City		<b>85</b> Zip	Code
	60-70	(00 - 1007 (00 Fig. 4- 0u)	den the e			F		ito registered
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	Signature, typed or printed name of registered	egov and tills if gook able (N/	NII : Bogislare	nd Ane	nt signature re	equireo when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DP	DELETE	1.1 1	TLE			Change	Addition
NAME	CAMPBELL, SCOTT J.		1,2 N	AME				
STREET ADDRESS	5351 CAMBERLEA AVE.		1.3 S	TREET	ADDRESS			ŀ
CITY-ST-ZIP	ZEPHYRHILLS FL		1.4 CHY - S1 - ZIP 2.1 TITLE		1- ZIP			
TITLE	DS	2.1 10	2.1 TITLE			Change	Addition	
NAME	CAMPBELL, GALE L		2.2 NAME					
STREET ADDRESS	5351 CAMBERLEA AVE.		2.3 S	2.3 STREET ADDRESS				
CITY-ST-ZIP	ZEPHYRHILLS FL	The two	2. 4 CITY - ST - ZIP		ST-ZIP	· · · · · · · · · · · · · · · · · · ·	T 10	1 44.00
TITLE		☐ DELETE	3.1 To				L Change	Addition
NAME			3.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE	3.4 C 4.1 To		1-2IP		Change	Addition
TITLE NAME		out it	4.11				- Ontange	
STREET ADORESS					ADDRESS			
l .			1	INCCI ITY-S				
CITY-ST-ZIP TITLE		DELETE	5.1 Te		1-211	The state of the s	Change	Addition
NAME		_	5.2 N				•	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			5.4 C	ITY-S	1- <i>7</i> IP			
TITLE		DELETE	6.1 1				Change	Addition
NAME			6.2 N	AME				
STREET ADDRESS			6.3 S	TREET	ADDRESS			
CITY-ST-ZIP				ITY-S				
14. Thereby o	certify that the information supplied	with this filing does not qualify	for the ex-	emp	tion stated	f in Section 119.07(3)(i), Florida Statutes. I further ature shall have the same legal effect as if made.	certify that the	e 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 cooperation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if chyngod, or on an attachment with an address.								