

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 9:41

DOCUMENT # **G41584** (5)

1. Corporation Name
TARPON MERES, INC.

Principal Place of Business
**% JOHN E. WATSON
600-49TH ST., N.#A-1
ST. PETERSBURG FL 33710**

Mailing Address
**% JOHN E. WATSON
600-49TH ST., N.#A-1
ST. PETERSBURG FL 33710**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/01/1983** 3a. Date of Last Report **02/07/1994**

2. Principal Place of Business
21 [] 2b. Mailing Address
26 **P.O. Box 718**

4. FEI Number **59-2321789** Applied For
Not Applicable

22 [] Suite, Apt. #, etc. 27 [] Suite, Apt. #, etc.

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

23 [] City & State 28 [] City & State
Indian Rocks Beach, FL

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

24 [] Zip 25 [] Country 29 [] Zip **34135** 30 [] Country **U.S.**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WATSON, JOHN E.
600-49TH ST., N.#A-1
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent
81 [] Name
82 [] Street Address (P.O. Box Number is Not Acceptable)
83 []
84 [] City **FL** 85 [] Zip Code

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]* DATE: **1/17/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RIDEN, THOMAS K.
STREET ADDRESS	100-2ND AVE. SO.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	SD
NAME	WATSON, JOHN E
STREET ADDRESS	600-49TH ST., N.#A-1
CITY - ST - ZIP	ST PETERSBURG, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE Pres and Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/17/95** **813-327-6688**