

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
Jan 23 1996 8:00 am  
Secretary of State

DOCUMENT # **G41584** (5)

1. Corporation Name  
**TARPON MERES, INC.**



Principal Place of Business  
**PATRICIA E. WATSON / John E. Watson**  
**TIE'S**  
600-49TH ST., N. #A-1  
ST. PETERSBURG FL 33710

Mailing Address  
P. O. BOX 728  
INDIAN ROCKS BEACH FL 34635  
US

21	2. Principal Place of Business	26	2a. Mailing Address
22	State, Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	06/01/1983		01/24/1995
4.	FBI Number	Applied For	
	59-2321789	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 of the person who is to be the registered agent or the person who is to be the registered office

Signature of the person who is to be the registered agent or the person who is to be the registered office

DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996
1	VPS RIDEN, THOMAS K. 100-2ND AVE. SO. ST. PETERSBURG FL P	1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2	WATSON, JOHN E 600-49TH ST., N. #A-1 ST PETERSBURG, FL 00000	2	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3		3	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4		4	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5		5	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6		6	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
7		7	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
8		8	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
9		9	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
10		10	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), 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 a 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 in an attachment with an address.

SIGNATURE:

*John E. Watson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/96

813-323-7559

CR2E034 (12/95)