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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90111 020 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G59332

1. Corporation Name
TAPPIN BOOK MINE, INC.

Principal Place of Business 705 ATLANTIC BLVD. ATLANTIC BEACH FL 32233	Mailing Address 705 ATLANTIC BLVD. ATLANTIC BEACH FL 32233
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/13/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2336049	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TAPPIN, DOUGLAS C.
2800 ST MARC CT
PONTE VEDRA BCH. FL 32082

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TAPPIN, F. DONALD	
STREET ADDRESS	3375 NORTH ZEPHYR WAY	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TAPPIN, HELEN E	
STREET ADDRESS	3375 NORTH ZEPHYR WAY	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	ANTICO, JANICE M	
STREET ADDRESS	1465 HOPKINS CREEK LANE	
CITY-ST-ZIP	NEPTUNE BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANTICO, DAVID W.	
STREET ADDRESS	1465 HOPKINS CREEK LN.	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAPPIN, FRANK C.	
STREET ADDRESS	1850 FOREST BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	TAPPIN, DOUGLAS C.	
STREET ADDRESS	2800 ST. MARC CT.	
CITY-ST-ZIP	PONTE VEDRA BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input 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 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: [Signature] **SIGNATURE REQUIRED** 3/29/97 (904) 246-1388
 _____ Date _____ Daytime Phone #

CRP034 (1/98)