

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90108 045 ***150.00

DOCUMENT # G59332
 1. Entity Name
TAPPIN BOOK MINE, INC.

Principal Place of Business 705 ATLANTIC BLVD. ATLANTIC BEACH FL 32233	Mailing Address 705 ATLANTIC BLVD. ATLANTIC BEACH FL 32233-3914
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2336049	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
TAPPIN, DOUGLAS C.
2800 ST MARC CT
PONTE VEDRA BCH. FL 32082

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. 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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas C Tappin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-19-00 Daytime Phone #: 9042461386