

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY - 12 AM 9:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**000001488160
-05/16/95--01012--026
****225.00 ****225.00**

DO NOT WRITE IN THIS SPACE.

DOCUMENT # G94499 (2)
1. Corporation Name
TARNEGIE CORPORATION

Principal Place of Business
**% HOWARD L. DALE
135 WEST BAY STREET, SUITE 200
JACKSONVILLE FL 32202-0812**

Mailing Address
**% HOWARD L. DALE
135 WEST BAY STREET, SUITE 200
JACKSONVILLE FL 32202-0812**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
03/29/1984

3a. Date of Last Report
04/28/1994

4. FEI Number
59-2398883

Applied For
☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent
**DALE, HOWARD L.
200 WEST FORSYTH STREET, SUITE 1100
JACKSONVILLE FL 32202**

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

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 agent and fee if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	FRASER, THOMAS J.	3235 OLD BARN RD., W.	PONTE VEDRA BEACH FL
D	FRASER, JENNIFER F.	3235 OLD BARN RD., W.	PONTE VEDRA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
				☐	☐
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	☐	☐
				☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	☐	☐
				☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	☐	☐
				☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	☐	☐
				☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 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)(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 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 in an attachment with an address.

SIGNATURE: **THOMAS J. FRASER, PRESIDENT** 5/11/95 904 296 7877
Signature and Title OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System Page 2)