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FILED

Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **H29353**

(0)

1. Corporation Name

**TARPON FINANCIAL CORPORATION**

Principal Place of Business

**C/O DONALD R. HALL  
28050 U.S. HIGHWAY 19 NORTH, SUITE 402  
CLEARWATER FL 34621**

Mailing Address

**C/O DONALD R. HALL  
28050 U.S. HIGHWAY 19 NORTH, SUITE 402  
CLEARWATER FL 34621-2654**

3. Date Incorporated or Qualified  
**11/08/1984**

3a. Date of Last Report  
**03/04/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

**59-2475684**

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

**HALL, DONALD R.  
28050 U.S. HIGHWAY 19 NORTH, SUITE 402  
CLEARWATER FL 34621**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **UNDERWOOD, HAROLD H.**  
STREET ADDRESS **90 HIGHLAND AVENUE**  
CITY-ST-ZIP **TARPON SPRING FL**

TITLE **D** ☐ DELETE  
NAME **SMITZES, HELEN JAMES**  
STREET ADDRESS **90 HIGHLAND AVE.**  
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **DCP** ☐ DELETE  
NAME **SMITZES, LOUIS JAMES**  
STREET ADDRESS **524 RIVERSIDE DR.**  
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **D** ☐ DELETE  
NAME **UNDERWOOD, LEAH E**  
STREET ADDRESS **90 HIGHLAND AVE**  
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **D** ☐ DELETE  
NAME **SMITZES, MARY Z.**  
STREET ADDRESS **524 RIVERSIDE DRIVE**  
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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, on an attachment with an address.

SIGNATURE: **LOUIS J. SMITZES, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97

(813) 338-9771

CR2E034 (9/96)