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Feb 23, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H29353

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 34624

Mailing Address

C/O DONALD R. HALL
28050 U.S. HIGHWAY 19 NORTH, SUITE 402
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1984

4. FEI Number

59-2475684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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9. Name and Address of Current Registered Agent

HALL, DONALD R.
28050 U.S. HIGHWAY 19 NORTH, SUITE 402
CLEARWATER FL 34624

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

33761

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 V/D ☐ Change ☒ Addition

1.2 NAME LINDSAY, Mary Jane S.

1.3 STREET ADDRESS 710 E. Tarpon Avenue

1.4 CITY-ST-ZIP Tarpon Springs, FL 34688

2.1 TITLE V/D ☐ Change ☒ Addition

2.2 NAME RICHARDS, Barbara

2.3 STREET ADDRESS 710 E. Tarpon Avenue

2.4 CITY-ST-ZIP Tarpon Springs, FL 34688

3.1 TITLE V/D ☐ Change ☒ Addition

3.2 NAME STINSON, Raymond

3.3 STREET ADDRESS 710 E. Tarpon Avenue

3.4 CITY-ST-ZIP Tarpon Springs, FL 34688

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis J. Smitzes,
President

1-8-99

Date

727-938-9771

Daytime Phone #

CR2E034 (11/98)