FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -7 AM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H99783** **(3)**

1. Corporation Name
TARPON INVESTMENT & TRADING, INC.

Principal Place of Business	Mailing Address
1202 NEBRASKA AVE C/O FORREST E WATSON PALM HARBOR FL 34683	1202 NEBRASKA AVE C/O FORREST E WATSON PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1986
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business
21 607 N. Mayo
Suite, Apt. #, etc.
22
City & State
23 Crystal Beach, Florida
Zip 24 34681 Country 25 USA

2a. Mailing Address
26 P.O. Box 855
Suite, Apt. #, etc.
27 c/o Forrest E. Watson
City & State
28 Crystal Beach, Florida
Zip 29 34681 Country 30 USA

4. FEI Number: 59-2638776 ☐ 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

WATSON, FORREST E
1202 NEBRASKA AVE
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 607 N. Mayo
83
84 City: Crystal Beach, Florida **FL** 85 Zip Code: 34681

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 required when registered agent is the only change) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	WATSON, FORREST E.	12 NAME		
STREET ADDRESS	1202 NEBRASKA AVENUE	13 STREET ADDRESS	607 N. Mayo	
CITY ST ZIP	PALM HARBOR FL	14 CITY ST ZIP	Crystal Beach, FL 34681	
TITLE	STD	21 TITLE		☒ Change ☐ Addition
NAME	WATSON, LYNDA M	22 NAME		
STREET ADDRESS	1202 NEBRASKA AVE	23 STREET ADDRESS	607 N. Mayo	
CITY ST ZIP	PALM HARBOR FL	24 CITY ST ZIP	Crystal Beach, FL 34681	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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 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.

SIGNATURE: Forrest E. Watson 4/4/95 813/785-7477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

034468 CP