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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **J22888** **(8)**

1. Corporate Name
TAMCO OF LAKE CO., INC.

Principal Place of Business
380 WEST ALFRED ST.
TAVARES FL 32778

Mailing Address
380 WEST ALFRED ST.
TAVARES FL 32778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1986
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business
21 Rt. 3, Box 340 (Merry Rd)
22 Suite, Apt. #, etc.
23 City & State: Tavares, FL
24 Zip: 32778
25 County: Lake

2a. Mailing Address
26 P.O. Box 774
27 Suite, Apt. #, etc.
28 City & State: Tavares, FL
29 Zip: 32778
30 County: Lake

4. FEI Number: 59-2850809 [ ] 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. Does corporation qualify for changes in Section 607.0830, Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent
WILLIAMS, ROBERT Q.
380 WEST ALFRED ST.
TAVARES FL 32778

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 Section 607.0501 and 607.0505, 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

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	TAMSETT, TOMMY D.
STREET ADDRESS	RT 3 BOX 340 (MERRY RD)
CITY, ST, ZIP	TAVARES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is accurately furnished and does not modify the information stated in Section 607.0501, Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and complete 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or is added as an attachment with an title.

SIGNATURE: Tommy D. Tamsett 4-10-95 (904) 343-7173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0061274 CP