

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J38937 (5)

1. Corporation Name
TARPON BAY GROUP, INC.



Principal Place of Business

Mailing Address

% JAMES T. HUMPHREY
1625 HENDRY STREET SUITE 301
FORT MYERS FL 33901

% JAMES T. HUMPHREY
1625 HENDRY STREET SUITE 301
FORT MYERS FL 33901

3. Date Incorporated or Qualified
10/22/1986

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number
59-2731753

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

10. Name and Address of New Registered Agent

HUMPHREY, JAMES T.
1625 HENDRY STREET
SUITE 301
FORT MYERS FL 33901

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
HUMPHREY, JAMES T.
STREET ADDRESS
1625 HENDRY STREET #301
CITY - ST - ZIP
FT. MYERS FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
POWELL, RICHMOND
STREET ADDRESS
1601 LEWELLYN DR.
CITY - ST - ZIP
FT. MYERS FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
GRADY, BEVERLY MYERS
STREET ADDRESS
1276 OSCEOLA
CITY - ST - ZIP
FT. MYERS FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
ROEDER, MICHAEL
STREET ADDRESS
2929 BONITA STREET
CITY - ST - ZIP
FT. MYERS FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 on an attachment with an address.

SIGNATURE: *Michael Roeder*

Michael Roeder, President 1-22-96 (941) 334-2722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/mo/Phone #

CR2E034 (12/95)