

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J95237 (0)

1. Corporation Name

RUMMEL/TARPON PROPERTIES, INC.



Principal Place of Business

5401 CENTRAL AVE.
P.O. BOX 13088
ST. PETERSBURG FL 33710

Mailing Address

5401 CENTRAL AVE.
P.O. BOX 13088
ST. PETERSBURG FL 33710

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

RUMMEL, H.E.
5401 CENTRAL AVE.
ST. PETERSBURG FL 33710

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 607.04(2) and 607.04(3), Florida Statutes, I, the above named corporation, submit this statement for the purpose of changing its registered office or registered agent, as 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, Sections 607.04(2), Florida Statutes.

SIGNATURE H.E. Rummel

4/1/96
Date

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RUMMEL, H. E.
STREET ADDRESS 5401 CENTRAL AVE
CITY-STATE-ZIP ST PETERSBURG FL

TITLE SD ☒ DELETE

NAME RUMMEL, KATE N
STREET ADDRESS 1682 OCEANVIEW DR.
CITY-STATE-ZIP TIERRA VERDE FL

TITLE T ☒ DELETE

NAME RUMMEL, KATE COWLES
STREET ADDRESS 5401 CENTRAL AVE
CITY-STATE-ZIP ST PETERSBURG FL

TITLE ☐ DELETE

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13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 813 327511

CR2E034 (12/95)