FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Mar 13 1997 8:00am
Secretary of State

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 33710-8049

3. Date Incorporated or Qualified: 10/02/1987
3a. Date of Last Report: 04/05/1996
4. FEI Number: 59-2861891 — 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

2. Street Address of Principal Office — 21 | Suite, Apt. #, etc. — 22 | City & State — 23 | Zip — 24 | Country — 25
2a. Mailing Address — 26 | Suite, Apt. #, etc. — 27 | City & State — 28 | Zip — 29 | Country — 30

9. Name and Address of Current Registered Agent
RUMMEL, H.E.
5401 CENTRAL AVE.
ST. PETERSBURG FL 33710

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 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 and agree to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, Typed or Printed Name of Registered Agent and Title if Applicable ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	RUMMEL, H. E.	
STREET ADDRESS	5401 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	SD	☐ DELETE
NAME	NICHOLS, KATE	
STREET ADDRESS	1682 OCEANVIEW DR	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	T	☐ DELETE
NAME	NICHOLS, KATE	
STREET ADDRESS	1682 OCEANVIEW DR	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
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		

CR2E034 (9/96)

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 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: H.E. Rummel 3-3-97 813-327-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0376954