

OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J95237**

Corporation Name

**RUMMEL/TARPON PROPERTIES, INC.**

Principal Place of Business

**11 CENTRAL AVE.**

**P.O. BOX 13088**

**PETERSBURG FL 33710**

Mailing Address

**5401 CENTRAL AVE.**

**P.O. BOX 13088**

**ST. PETERSBURG FL 33710**

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90008 003 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1641 1st Ave N.**

Suite, Apt. #, etc.

City & State

**St Petersburg FL**

Zip

**33713**

Country

**USA**

2a. Mailing Address

**P.O. Box 13088**

Suite, Apt. #, etc.

City & State

**St Petersburg FL**

Zip

**33733**

Country

**USA**

3. Date Incorporated or Qualified

**10/02/1987**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**RUMMEL, H.E.**

**1682 OCEANVIEW DR**

**TIERRA VERDE FL 33715**

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

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.

NATURE

**H.E. Rummel**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-6-99**

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ST ADDRESS PD  
RUMMEL, H. E.  
PO BOX 13088  
ST-ZIP ST PETERSBURG FL 33733 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

ST ADDRESS SD  
NICHOLS, KATE  
1682 OCEANVIEW DR  
ST-ZIP TIERRA VERDE FL ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **33715**

ST ADDRESS T  
NICHOLS, KATE  
1682 OCEANVIEW DR  
ST-ZIP TIERRA VERDE FL ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP **33715**

ST ADDRESS ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

ST ADDRESS ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

ST ADDRESS ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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: **H.E. Rummel**

**7-6-99 727-895-7804**

CR2E034 (5/99)