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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K05486** **(1)**

1. Corporation Name

TAMKI INVESTMENT PROPERTIES, INC.

Principal Place of Business	Mailing Address
1911 U.S. HWY. 301 N. SUITE 140 TAMPA FL 33619 US	1911 U.S. HWY. 301 N. SUITE 140 TAMPA FL 33619 US

3. Date Incorporated or Qualified: **12/04/1987**

3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business
21 1212 N. 39th Street
Suite, Apt. #, etc.
22 Suite 400
City & State
23 Tampa, FL
Zip 24 33605 Country 25

2a. Mailing Address
26 1212 N. 39th Street
Suite, Apt. #, etc.
27 Suite 400
City & State
28 Tampa, FL
Zip 29 33605 Country 30

4. FEI Number: **59-2867121** ☐ 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

KITTRELL, CHERIE J
18301 STURBRIDGE CT.
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name: Kittrell, Cherie J.
82 Street Address (P.O. Box Number is Not Acceptable): 1212 N. 39th Street
83 Suite 400
84 City: Tampa FL 85 Zip Code: 33605

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: X _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KITTRELL, RONALD D ~~18301 STURBRIDGE CT.~~ ~~TAMPA FL 33647~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 1212 N. 39th ST Tampa, FL 33605
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D KITTRELL, CHERIEA J ~~18301 STURBRIDGE CT.~~ ~~TAMPA FL 33647~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 1212 N. 39th St Tampa, FL 33605
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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: X Cherie J. Kittrell 3-1-96 800 544-7104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)