## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998

大学を受けることでは、「「「「「「「」」」では、「「」」では、「「」」では、「」」では、「」」では、「」」では、「」」では、「」」では、「」」では、「」」では、「」」では、「」」では、「」」では、「」



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(5)

TANNER & ASSOCIATES, INC.

**FILED** Apr 23 1998 8:00am Secretary of State



Principal Place of Business Malling Address					1 10000111 001 11010 1911 91011 10010 1161 91611 91	OLL GIBLI DIDIR GJOLI DIDIL 1841	
508 ESTATES PLACE LONGWOOD FL \$2779			506 ESTATES PLACE LONGWOOD FL 32779		DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualified		
					04/01/1988	i	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-2 <b>9</b> 02198	Not Applicable	
Suite, Apt. #, etc.		Suite. Apt. #, etc.	Suite. Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required		
City & State		<u>}</u>	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
Zip Country		28			Trust Fund Contribution	Added to Fees	
Zip	<b>⊢¬</b> ′	Zip	<b>⊢</b>	itry	<ol> <li>This corporation owes or has paid the c Personal Property Tax due June 30.</li> </ol>	urrejit year Intangible	
24	25   29   9, Name and Address of Current Registered Agent		[30]		10. Name and Address of New Registered Agent		
TAN		on negletorea Agent		81 Name	15.		
TANNER, ROY A. 508 ESTATES PLACE			,				
	NGWOOD FL 32779			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
LOF	IGHOOD FL 32778		•	83			
			Ī	84 City	F	<b>85</b> Zip Code	
11. Pursuant t	o the provisions of Sections 607.0	502 and 607.1508, Florida St	atutes, the ab	ove-named cor	poration submits this statement for the purpose	of changing its registered	
office or re	egistered agent, or both, in the Sta n familiar with, and accept the obl	te of Florida. Such change wing to the state of the section of the	as authorized E Florida State	l by the corpora ites.	tion's board of directors. I hereby accept the ap	opointment as registered	
SIGNATURE		29-11-11-1					
Signature, typed or printed name of registered agent and life if applicable (NOTE				Agent signature requ	ired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.				
TITLE	<del>-</del>		1111			Change Addition	
NAME	TANNER, ROY A.		1.2 NA	ME			
STREET ADDRESS	506 ESTATES PLACE			HEET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP		Ohanna Addition	
TITLE	_		21 111	i		Change Addition	
NAME	TANNER, DEBRA L		2 2 NA				
STREET ADDRESS	506 ESTATES PLACE		23 STR		•		
CITY-ST-ZIP	LONGWOOD FL	DELETE		TY-ST-ZIP		Change Addition	
TITLE			3.1 111			Li cumide (Ti vonito)	
NAME ATTECT ADDRESS			3.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. Cf 4.1 Til	ry-st-zip		Change Addition	
NAME		_ vitele	4.1 III	i			
				REET ADDRESS			
STREET ADDRESS				Y-ST-ZIP		-	
TITLE		DELETE	5.1 TIT			Change Addition	
NAME			5.2 NA	1			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	6.1 TIT			Change Addition	
NAME			6.2 NA	- 1			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	$\sim$			Y-S1-ZIP			

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. Further certify that the information indicated on this annual report is 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 poportion 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 the population of the populat