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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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



DOCUMENT # K83380

(1)

1. Corporation Name

TARPON FLATS NO. 3, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/25/1989 3a. Date of Last Report 01/20/1994

4. FEI Number 59-2944243 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. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

HILL, WILLIAM H., JR.
2106 SAWGRASS VILLAGE
PONTE VEDRA BEACH FL 32082

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	HIXON, JOSEPH M.	1.2 NAME	RAPSAID LOVETT
STREET ADDRESS	2915 INDEPENDENCE SQUARE	1.3 STREET ADDRESS	129 PONTE VEDRA BLVD.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL
TITLE	VD	2.1 TITLE	32082 ☐ Change ☐ Addition
NAME	SMITHWICK, WALTER (DR.)	2.2 NAME	
STREET ADDRESS	1801 BARRS ST., STE 800	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	LEMASTER, EDWARD B. III	3.2 NAME	
STREET ADDRESS	135 PONTE VEDRA BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	700001384967 ☐ Change ☐ Addition
NAME	LEMASTER, HARRIET	4.2 NAME	-01/20/95--01022022
STREET ADDRESS	135 PONTE VEDRA BLVD.	4.3 STREET ADDRESS	****200.00 ****200.00
CITY-ST-ZIP	PONTE VEDRA BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(3)(k), 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 in the attachment with my address.

SIGNATURE:

Edward B. Lemaster III
EDWARD B. LEMASTER III
OFFICER OR DIRECTOR

JAN 13, 1994 904-285-6017
(daytime)