

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90093 036 ***150.00

0070176

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # K92981

1. Corporation Name
TANQUERAY'S, INC.

Principal Place of Business
**100 S ORANGE AVE
ORLANDO FL 32801
US**

Mailing Address
**540 NORTH HIGHWAY 434, SUITE #530
ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1989

4. FEI Number

59-2953747

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

9. Name and Address of Current Registered Agent

**MILLER, J. WAYNE
540 N. HWY 434, STE. 530
ALTAMONTE SPRINGS FL 32779**

10. Name and Address of New Registered Agent

81 Name

JAMES R. HAGER

82 Street Address (P.O. Box Number is Not Acceptable)

100 S. ORANGE AVE

83

84 City

Orlando

FL

85 Zip Code

32801

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

JAMES R. HAGER PRES.

DATE

2-22-99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **MILLER, J WAYNE**
STREET ADDRESS **2190 WOODBRIDGE ROAD**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE **JAMES R. HAGER** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **100 South Orange Ave**
1.4 CITY-ST-ZIP **Orlando, FL 32801**

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

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 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, with all other like empowered.

SIGNATURE:

JAMES R. HAGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-99 407-466-6370

CR2E034 (11/98)