Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90161 020 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # LOOPO

1. Corporation	TAR SERVICES, INC.	,					
Principal Place	of Business	Mailing Address	<del></del>			A DIANE BERN BIDIE A	<b>                                    </b>
337 HIAWATHA WAY MELBOURNE BEACH FL 32951  MELBOURNE BEACH FL 32951  MELBOURNE BEACH FL 32951			51		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 11/16/1989	•	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26		59-2977311		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \[ \square	\$8.75 A		
22		27			Fee Red	<u> </u>	
City & State	9	City & State		6. Election Campaign Financing	\$5.00 i Added to		
23	Country	Zip Country		Trust Fund Contribution		J F668	
Zip	25 29 3		´		This corporation owes the current year learning Personal Property Tax.	∏ Yes	[₫No
24	9. Name and Address of Current Registered Agent		50		10. Name and Address of New Registere		
	V. Hollie dila / Golden		81	Name	, , , , , , , , , , , , , , , , , , , ,		
HUG	HES, RALPH E.			04	disease (D.C. Bay Number in Net Assessable)		
337 HIAWATHA WAY			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
MELBOURNE BEACH FL 32951			83			-	
						log Zin C	`ada
			84	City	F	L  85   Zip C	ode
office or re	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was aut	horized by	the corpora	rporation submits this statement for the purpose stion's board of directors. I hereby accept the app	of changing its i ointment as reg	registered jistered
O CHANGE	Signature, typed or printed name of registered age			t signature requ	ired when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	DP	☐ DELETE	1.1 TITLE			L] Change	
NAME	HUGHES, RALPH E.		1.2 NAME				
STREET ADDRESS	337 HIAWATKA WAY		1.3 STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE BEACH FL	O pro ette	1.4 CITY-ST-ZIP			Change	Addition
TITLE	DVT	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	HUGHES, E. LEE		2.2 NAME				
STREET ADDRESS	337 HIAWATKA WAY		2.3 STREET ADDRESS				-
CITY-ST-ZIP	MELBOURNE BEACH FL	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		· · ·	Change	Addition
TITLE	\$	□ DECEIE	3.2 NAME			onango	
NAME	HUGHES, E. LEE		3.3 STREET ADDRESS				
STREET ADDRESS	337 HIAWATHA WAY		3.4. CITY-ST-ZIP				ļ
CITY-ST-ZIP TITLE	MELBOURNE BEACH FL	☐ DELETE	4.1 TITLE			Change	Addition
j		Lind O'Vices	4. 2 NAME			_ ,	_
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addition
NAME			5.2 NAME			_	j
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST				
TITLE			6.1 TITLE		- <del> </del>	☐ Change	Addition
			6 2 NAME				

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.

6.3 STREET ADDRESS

6.4 C(TY+ST-ZIP

STREET ADDRESS