

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

**FILED**  
**Jan 29, 1999 8:00am**  
**Secretary of State**

01-29-1999 90009 033 \*\*\*150.00

DOCUMENT # **L58957**

i. Corporation Name  
**TARVIN MOBILE HOME SERVICES, INC.**



Principal Place of Business: **MELVIN B. TARVIN  
329 ARCHIMEDES ST.  
PALM HARBOR FL 34683**

Mailing Address: **% MELVIN B. TARVIN  
329 ARCHIMEDES ST.  
PALM HARBOR FL 34683**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/21/1990</b>	
4. FEI Number <b>65-0185414</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Zip Country		Zip Country		<b>\$5.00</b> May Be Added to Fees	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>TARVIN, MELVIN B. 329 ARCHIMEDES ST PALM HARBOR FL 34683</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				<b>FL</b>	

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 reinstating)		DATE	
OFFICERS AND DIRECTORS							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
E		D		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TARVIN, MELVIN B.		<input type="checkbox"/> DELETE		1.2 NAME			
329 ARCHIMEDES ST				1.3 STREET ADDRESS			
PALM HARBOR FL				1.4 CITY-ST-ZIP			
PV		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TARVIN, MICHAEL, R				2.2 NAME			
329 ARCHIMEDES ST				2.3 STREET ADDRESS			
PALM HARBOR FL				2.4 CITY-ST-ZIP			
TS		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TARVIN, JAMES, L				3.2 NAME			
329 ARCHIMEDES ST				3.3 STREET ADDRESS			
PALM HARBOR FL				3.4 CITY-ST-ZIP			
D		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TARVIN, MARGIE, F				4.2 NAME			
329 ARCHIMEDES ST				4.3 STREET ADDRESS			
PALM HARBOR FL				4.4 CITY-ST-ZIP			
		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				6.2 NAME			
				6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			

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: **Melvin B. Tarvin** 1-12-99 727-234-3400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #