FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L67187** **(9)**

1. Corporation Name

ZANTAX, INC.

Principal Place of Business

25 S TROPICAL TRAIL
SUITE C
MERRITT ISLAND FL 32952
US

Mailing Address

25 S TROPICAL TRAIL
SUITE C
MERRITT ISLAND FL 32952
US

3. Date Incorporated or Qualified: **04/19/1990**

3a. Date of Last Report: **06/13/1995**

4. FEI Number: **59-3009892** ☐ 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
21
Street Address
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

VEST, ZANE L.
25 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952

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 617.0501 and 617.1502, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or its registered agent, or both, in the State of Florida. I hereby 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 617.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
VEST, ZANE L.
847 SPILLER ST
MELBOURNE FL

D
STEPHENS, STANLEY L.
225 S TROPICAL TRAIL
MERRITT ISLAND FL

D
GASKINS, SUSAN
355 BELAIR AVE.
MERRITT ISALND FL

☐ Delete

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental 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 added from an attachment.

SIGNATURE: Zane L Vest (Pres) 1-12-96 407-454-9051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)