

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

FILED

Jan 25, 1999 8:00am
Secretary of State

01-25-1999 90040 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # L70961

1. Corporation Name
TAMMAR, INC.

Principal Place of Business

1900 TAMAMI TRAIL
UNIT 124
MURDOCK FL 33948-1039

Mailing Address

1900 TAMAMI TRAIL
UNIT 124
MURDOCK FL 33948-1039

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1990

4. FEI Number

65-0188138

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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WILKIE, TAMARA
1900 TAMAMI TR
SUITE U 124
PORT CHARLOTTE FL 33948

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILKIE, TAMARA M.
1210 STRASBURG
PORT CHARLOTTE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCOURT, MARILYN
1202 STRASBURG
PORT CHARLOTTE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILKIE, TAMARA
1210 STRASBURG
PORT CHARLOTTE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILKIE, TAMARA
1210 STRASBURG
PORT CHARLOTTE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILKIE, TAMARA
1210 STRASBURG
PORT CHARLOTTE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILKIE, TAMARA
1210 STRASBURG
PORT CHARLOTTE FL

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99
Date

941-624-0999
Daytime Phone #

CR2E034 (1/1/98)