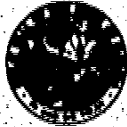


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P19013

(2)

1. Corporation Name

TAMARIND INDUSTRIES, INC.

Principal Place of Business

**7380 SAND LAKE ROAD
5TH FLOOR
ORLANDO FL 32819**

Mailing Address

**7380 SAND LAKE ROAD
5TH FLOOR, BOX 578
ORLANDO FL 32819
US**

**APPROVED
AND
FILED**

95 APR 24 AM 10:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/27/1988

3a. Date of Last Report

08/01/1994

4. FEI Number

87-0434283

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

9. Name and Address of Current Registered Agent

**ROSE, RAYMOND O.
710 E. MICHIGAN ST.
SUITE 45
ORLANDO FL 32806**

10. Name and Address of New Registered Agent

81 Name

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

1002-A E. Michigan St.

83

84 City **Orlando**

FL

85 Zip Code **32806**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD**
NAME **ROSE, RAYMOND O.**
STREET ADDRESS **710 E. MICHIGAN ST., STE. 45**
CITY-ST-ZIP **ORLANDO FL**

TITLE **DS**
NAME **JACKSON, PATRICIA A.**
STREET ADDRESS **710 E. MICHIGAN ST., STE. 45**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D**
NAME **BRANTLEY, MORRIS A.**
STREET ADDRESS **308 N HAWTHORN CIRCLE**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1002-A E. Michigan St.**
1.4 CITY-ST-ZIP **Orlando, FL 32806**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **1002-A E. Michigan St.**
2.4 CITY-ST-ZIP **Orlando, FL 32806**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Raymond O. Rose** **Raymond O. Rose** **4-19-95** **407-422-0713**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Area #)