FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P19013** **(2)**

1. Corporation Name
TAMARIND INDUSTRIES, INC.

Principal Place of Business	Mailing Address
7380 SAND LAKE ROAD 5TH FLOOR ORLANDO FL 32819	7380 SAND LAKE ROAD 5TH FLOOR, BOX 578 ORLANDO FL 32819 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/27/1988**
3a. Date of Last Report: **08/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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	10. Name and Address of New Registered Agent
ROSE, RAYMOND O. 710 E. MICHIGAN ST. SUITE 45 ORLANDO FL 32806	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSE, RAYMOND O.	1.2 NAME	
STREET ADDRESS	710 E. MICHIGAN ST., STE. 45	1.3 STREET ADDRESS	1002-A E. Michigan St.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32806
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, PATRICIA A.	2.2 NAME	
STREET ADDRESS	710 E. MICHIGAN ST., STE. 45	2.3 STREET ADDRESS	1002-A E. Michigan St.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32806
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BRANTLEY, MORRIS A.	3.2 NAME	
STREET ADDRESS	308 N HAWTHORN CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

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 — Daytime Phone #

0081048 CP