

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

3. Date Incorporated or Qualified
04/27/1988

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 1002-A E. Michigan St.

26 1002-A E. Michigan St.

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

ORLANDO, FL

ORLANDO, FL

24 Zip

25 Country

29 Zip

30 Country

32806

U.S.A.

32806

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE, RAYMOND O.
1002-A E. MICHIGAN ST
SUITE 45
ORLANDO FL 32806

81 Name
Rose, Raymond O.

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE
NAME ROSE, RAYMOND O.
STREET ADDRESS 1002-A E. MICHIGAN ST.
CITY-ST-ZIP ORLANDO FL

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

TITLE DS ☐ DELETE
NAME JACKSON, PATRICIA A.
STREET ADDRESS 1002-A E. MICHIGAN
CITY-ST-ZIP ORLANDO FL

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

TITLE D ☐ DELETE
NAME BRANTLEY, MORRIS A.
STREET ADDRESS 306 N HAWTHORN CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 119.07(3)(k), 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, President Raymond O. Rose 4/23/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)