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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90010 042 ***150.00

DOCUMENT # P21291

1. Corporation Name

TACONIC PROPERTIES INC.

Principal Place of Business

C/O BANK OF NOVA SCOTIA TRUST CO
P.O. BOX N 3016
NASSAU, BAHAMAS

Mailing Address

C/O BANK OF NOVA SCOTIA TRUST CO
P.O. BOX N 3016
NASSAU, BAHAMAS

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1988

4. FEI Number

NOT APPLICABLE

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 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 PD ☒ DELETE

NAME STEPHEN J. GRAINGER
STREET ADDRESS P.O. BOX N-3016
CITY-ST-ZIP NASSAU, BAHAMAS

TITLE VD ☐ DELETE

NAME C. DIANNE BINGHAM
STREET ADDRESS P.O. BOX N-3016
CITY-ST-ZIP NASSAU, BAHAMAS

TITLE ASD ☐ DELETE

NAME TURNQUEST, PETER N.
STREET ADDRESS P.O. BOX N-3016 N/A
CITY-ST-ZIP NASSAU, BAHAMAS

TITLE SD ☐ DELETE

NAME JOHNSON, GAIL V
STREET ADDRESS PO BOX N 3016 N/A
CITY-ST-ZIP NASSAU, BAHAMAS

TITLE TD ☒ DELETE

NAME O'BRIEN, MARIA A
STREET ADDRESS P.O. BOX N-3016 N/A
CITY-ST-ZIP NASSAU BAHAMUS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME ROY E. TOWNE
1.3 STREET ADDRESS P. O. BOX N-3016
1.4 CITY-ST-ZIP NASSAU, BAHAMAS

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 TD ☒ Change ☐ Addition

5.2 NAME KERSCH D. DARVILLE
5.3 STREET ADDRESS P. O. BOX N-3016
5.4 CITY-ST-ZIP NASSAU, BAHAMAS

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

(242)

SIGNATURE:

GAIL V. JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GAIL V. JOHNSON

DIRECTOR/SECRETARY 38th March, 1999 356-1571

Date

Daytime Phone #

CR2E034 (1/98)