

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

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90087 014 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P29569**

1. Corporation Name  
**TUMPANE SERVICES CORPORATION**



Principal Place of Business  
**805 BROADWAY  
 STE 740  
 VANCOUVER WA 98660  
 US**

Mailing Address  
**805 BROADWAY  
 SUITE 740  
 VANCOUVER WA 98660  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/30/1990**

4. FEI Number  
**91-1244488**

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 **16701 SE McGillivray Blvd**  
 Suite, Apt. #, etc.  
 22 **160**

2a. Mailing Address  
 26 **16701 SE McGillivray Blvd**  
 Suite, Apt. #, etc.  
 27 **160**

City & State  
 23 **Vancouver, WA**  
 28 **Vancouver WA**

Zip Country  
 24 **98683** 25  
 29 **98683** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	TUMPANE, JAMES P., III	
STREET ADDRESS	805 BROADWAY, STE 740	
CITY-ST-ZIP	VANCOUVER WA	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	TUMPANE, SHAUN M.	
STREET ADDRESS	805 BROADWAY STE 740	
CITY-ST-ZIP	VANCOUVER WA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TUMPANE, JAMES P., JR.	
STREET ADDRESS	805 BROADWAY SUITE 740	
CITY-ST-ZIP	VANCOUVER WA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FOY, ROBERT P	
STREET ADDRESS	805 BROADWAY STE 740	
CITY-ST-ZIP	VANCOUVER WA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Add - Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ 1-6-99 360-883-2199  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)