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FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000003021 (1)

1. Corporation Name

TARIO ENTERPRISES, INC.



Principal Place of Business

6213 E HILLSBOROUGH AVE
TAMPA FL 33610
US

Mailing Address

6213 E. HILLSBOROUGH AVE
TAMPA FL 33610-5424
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/01/1993

3a. Date of Last Report

02/28/1996

4. FEI Number

59-3157533

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

SWEAT, WILLIAM A JR.
2018 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

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 | D | <input type="checkbox"/> DELETE |
| NAME | TARIO, PAUL T | |
| STREET ADDRESS | 3312 BRIDGE FIELD DR | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | TARIO, MARILYN | |
| STREET ADDRESS | 3312 BRIDGEFIELD DR | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | M | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Chris A. Tummond | |
| 1.3 STREET ADDRESS | 4635 Clark Rd | |
| 1.4 CITY-ST-ZIP | Bartow FL 33830 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Juanice A. Tario | |
| 2.3 STREET ADDRESS | 7083 Winward Pass | |
| 2.4 CITY-ST-ZIP | Lakeland FL 33813 | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Sharon T. Giles | |
| 3.3 STREET ADDRESS | 2030 Winward Pass | |
| 3.4 CITY-ST-ZIP | Lakeland FL 33813 | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | George L. Brantley III | |
| 4.3 STREET ADDRESS | 269 Lorraine Ave. | |
| 4.4 CITY-ST-ZIP | Venice, FL 33429 | |
| 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 do 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.

SIGNATURE:

Paul T. Tario
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul T. Tario

1/27/97

813 612 9401

Date

Daytime Phone #

CR2E034 (9/96)