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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300007825

TANNERY ENTERPRISES, INC.

	, <del>, , , , , , , , , , , , , , , , , , </del>					
Principal Place of Business Mailing Address						
37 N ORANGE BLOSSOM TR 16433 E. SHIRLEY SHORES			ORES RD	RD		
ORLANDO FL 32805 TAVARES FL 32778						DO NOT WRITE IN THIS SPACE
U\$						3. Date Incorporated or Qualifed
						01/25/1993
Principal Place of Business     2a. Mailing Address						4. FEI Number Applied For
2. Principal Pla	ace of Business	<u>├</u> ─~¬				59-3168520 Not Applicable
21	W	Suite, Apt. #, etc.			-	\$8.75 Additional
Suite, Apt. #	F, etc.	27				5. Certifcate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing S5.00 May Be
<del></del>	,	28				Trust Fund Contribution Added to Fees
Zip Country		Zip Country				8. This corporation owes the current year Intangible
	25	29	30			Personal Property Tax.
	9. Name and Address of Curren			$\Box$		10. Name and Address of New Registered Agent
3, Hallis alto				81	Name	
TANNERY, DEBORAH R 16433 EAST SHIRLEY SHORES ROAD				82	Street Ad	Idress (P.O. Box Number is Not Acceptable)
	D		-	Cirottria	5 4 4 4 4 4 4 4 4 4	
TAVA	ARES FL 32778			83		
				84	City	85 Zip Code
					•	proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
office or re agent. I as	egistered agent, or both, in the State in implication with, and accept the obligation of the state of the sta	anner	o, Florida Stat	utes	•	ation's board of directors. I hereby accept the appointment as registered    U -04-99   DATE
12.		D DIRECTOR	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELE	TE 1.1 T	TLE		☐ Change ☐ Addition
NAME	TANNERY DEBORAH R		1.2 N	AME		
STREET ADDRESS 16433 EAST SHIRLEY SHORES ROA		S ROAD	1.3 STREET ADDRESS		ADORESS	
CITY-ST-ZIP	TAVARES FL		1.4 0	ITY-S	T-ZIP	[70] Addition
TITLE	V	☐ DELE	ETE 2,1 TMLE			Change Addition
NAME	TANNERY, DONALD E.		2.2 N	AME		
STREET ADORESS	16433 E. SHIRLEY SHORES R	DAD	2.3 S	TREE	TADORESS	
CITY-ST-ZIP	TAVARES FL	·	2.40	CITY-S	ST-ZIP	Colores C Addition
TITLE	ST	☐ DELE	TE 3.1 T	ITLE		☐ Change ☐ Addition
NAME	TANNERY, DEBORAH R.		3.2 N	AME		
STREET ADDRESS	16433 EAST SHIRLEY SHORES	S ROAD	3.3 9	TREE	TADDRESS	
CITY-ST-ZIP	TAVERES FL			CITY-S	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELE		ITLE		[_] Criange ☐ Modition
NAME			l l	NAME		
STREET ADDRESS	•		4.3 5	TREE	T ADDRESS	•
CITY-ST-ZIP					T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELE		ITLE		□ Change □ Addition
NAME	1			IAME		
STREET ADDRESS					T ADDRESS	
CITY-ST-ZIP					ST- ZIP	☐ Change ☐ Addition
TITLE		☐ DELE		ITLE	1	Change Addition
NAME				NAME.		
			6.3	STREE	TADDRESS	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Jan 20, 1999 8:00am

**Secretary of State** 

01-20-1999 90023 003 \*\*\*155.00