FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000039365 (0)**

1. Corporation Name

TARPON WAY LIMITED, INC.

Principal Place of Business	Mailing Address
27951 NEW YORK ST ~~4895 BONITA BEACH RD #408~~ BONITA SPRINGS FL 33923	27951 NEW YORK ST. ~~4895 BONITA BEACH RD #408~~ BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1993
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business	2a. Mailing Address
21 27951 NEW YORK ST.	26 27951 NEW YORK ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BONITA SPRINGS, FL	28 City & State: BONITA SPRINGS, FL
24 Zip: 33923 25 Country: LEE	29 Zip: 33923 30 Country: LEE

4. FEI Number: 65-0413908 ☐ 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	10. Name and Address of New Registered Agent
ST. JOHN, ERROL J ~~4895 BONITA BEACH RD #408~~ BONITA SPRINGS FL 33923	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 27951 NEW YORK ST. 83 84 City: BONITA SPRINGS, FL 85 Zip Code: 33923

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	ST. JOHN, ERROL J	12 NAME	
STREET ADDRESS	~~4895 BONITA BEACH RD #408~~	13 STREET ADDRESS	27951 NEW YORK ST.
CITY ST ZIP	BONITA SPRINGS FL 33923	14 CITY ST ZIP	BONITA SPRINGS, FL 33923
TITLE	~~D~~	21 TITLE	☒ Change ☐ Addition
NAME	~~ST. JOHN, MARGARET L~~	22 NAME	
STREET ADDRESS	~~4895 BONITA BEACH RD #408~~	23 STREET ADDRESS	
CITY ST ZIP	~~BONITA SPRINGS FL 33923~~	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is true, and 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 the 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: _____ 4-15-95 498-0592

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

ERROL J. ST. JOHN

0323020 CP