

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 # P93000046805

1. Corporation Name
TALS CORPORATION

Principal Place of Business

117 WEST WALL STREET
FROSTPROOF FL

Mailing Address

117 WEST WALL STREET
FROSTPROOF FL

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90024 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1993

4. FEI Number

59-3190606

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

21 205 N. Scenic Hwy.

2a. Mailing Address

26 205 N. Scenic Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Frostproof, FL

City & State

28 Frostproof, FL

Zip Country

24 33843

Zip Country

29 33843

30

9. Name and Address of Current Registered Agent

SMITH, THEODORE J JR.
117 WEST WALL STREET
FROSTPROOF FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

205 N. Scenic Highway

83

84 City

Frostproof

FL

85 Zip Code

33843

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
NAME SMITH, THEODORE J JR.
STREET ADDRESS 616 EAST CHEROKEE CIRCLE
CITY-ST-ZIP AVON PARK FL

DELETE

TITLE VST
NAME SMITH, LORENA E
STREET ADDRESS 616 EAST CHEROKEE CIRCLE
CITY-ST-ZIP AVON PARK FL

DELETE

TITLE D
NAME GELDART, DONALD B
STREET ADDRESS 1545 W. OLEANDER DRIVE
CITY-ST-ZIP AVON PARK FL 33825

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

THEODORE J. SMITH, JR. 4/28/99 941-635-1318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)