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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:56

DOCUMENT # **P93000066894 (5)**

1. Corporation Name
TARPON TREASURES, INC.

Principal Place of Business	Mailing Address
830 DOECANESE BLVD TARPON SPRINGS FL 34689 US	5940 SEASIDE DRIVE NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 735 DODECANESE Blvd	26 735 Dodecanese Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite # 10	27 Suite 10
City & State	City & State
23 TARPON SPRINGS FL	28 TARPON SPRINGS FL
Zip / Country	Zip / Country
24 34689 / 25 ANELLAS	29 34689 / 30 PINELLAS

3. Date Incorporated or Qualified: 09/27/1993
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-3204688 ☐ 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

APPLEMAN, JOAN
5940 SEASIDE DR.
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name: DANIEL J. HANLEY
82 Street Address (P.O. Box Number is Not Acceptable): 735 DODECANESE Blvd
83: TARPON SPRINGS
84 City: TARPON SPRINGS FL 85 Zip Code: 34652

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: Daniel J. Hanley — DANIEL J. HANLEY — 1-29-95
Signature, Title if printed name of registered agent and title, if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	PRESIDENT ☐ Change ☒ Addition
NAME	APPLEMAN, JOAN	1.2 NAME	PATRICIA HANLEY
STREET ADDRESS	5940 SEASIDE DR.	1.3 STREET ADDRESS	5956 SEASIDE DR.
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652
TITLE	DVST	2.1 TITLE	TREASURER - ☐ Change ☒ Addition
NAME	APPLEMAN, DONALD T	2.2 NAME	DANIEL J. HANLEY
STREET ADDRESS	5940 SEASIDE DR.	2.3 STREET ADDRESS	5956 SEASIDE DR
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	2.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Daniel J. Hanley — DANIEL J. HANLEY — 1-29-95 — 813-938 6946
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0384302 CP