## 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 # P9400004287

1. Corporation Name

TALBOT ENTERPRISES, INC.

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90094 001 \*\*\*150.00



Principal Place of Business	Mailing Address	_		4 INBIIDOLISA IBIIC ALBEIL ABIIC BARR BARR	BELLI BYDIS INCO	L HIRST FILMS EMBT
87 LAKE POINTE DRIVE 87 LAKE POINTE DRIVE				·		
MULBERRY FL 33860 MULBERRY FL 33860				DO NOT MOTE IN THE	CDACE	
				DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed 01/10/1994	میند دد پورودس	
Principal Place of Business     Za. Mailing Address				4. FEI Number	Ar	oplied For
21 26				59-3211444	_ <del></del>	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	¥	Additional equired
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip Country	Zip	Country		8. This corporation owes the current year In	tangible	
24 25	29 30	5		Personal Property Tax.	☐ Yes	No
9. Name and Address of Current R	L			10. Name and Address of New Registered	Agent	
			Name	•		ļ
TALBOT, GRANT E JR. 87 LAKE POINTE DRIVE		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		· ·
MULBERRY FL 33860		83				
		84	City		85 Zip	Code
		j		FL	<b>-</b>	
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 ar	ANOTE D	atarad Ann	i signatura ran	ired when reinstating) DATE		\
12. OFFICERS AND		13.	it signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT(	DRS IN 12
tine PVP	DELETE	1.1 TITLE			Change	Addition
NAME TALBOT, GRANT E JR.	•	1.2 NAME	Ì	•		}
STREET ADDRESS 87 LAKE POINTE DRIVE			ADDRESS			Ì
CITY-ST-ZIP MULBERRY FL 33860		1.4 CITY-S	1			
TITLE ST	☐ DELETE 2.1 TI				Change	☐ Addition
NAME TALBOT, MILDRED Z		2.2 NAME		Tyre was grown as a second		- ]
			TADDRESS			
CITY-ST-ZIP MULBERRY FL 33860		2. 4 CITY-5	ST-Z1P			
TITLE	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME		3.2 NAME	}			. }
STREET ADDRESS		3.3 STREE	ADDRESS			
CITY-ST-ZIP		3.4. CITY-5	iT-ZIP			İ
TITLE	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME		4. 2 NAME				]
STREET ADDRESS		4.3 STREE	TADDRESS			1
CITY-ST-ZIP		4.4 CITY-S				]
TITLE	☐ DELETE	5.1 TITLE			Change	Addition
NAME		5.2 NAME	[			.
STREET ADDRESS		5.3 STREE	T ADDRESS	·		
CITY-ST-ZIP		54 CITY-S	T-ZIP	_		
TITLE	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME		6.2 NAME		•		ĺ
STREET ADDRESS		6.3 STREE	ADDRESS			.
CITY-ST-ZIP		6.4 CITY-S	T-ZIP	_		

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.

941-425-1301 Daytime Phone #