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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400005204 1. Corporation Name

Principal Place of Business	Mailing Address
8208 N THATCHER TAMPA FL 33614	8208 N THATCHER TAMPA FL 33614

FILED Feb 27, 1999 8:00 am Secretary of State 02-27-1999 90053 031 ***150.00

	TIGAS FAMILY, INC.							
Principal Place	e of Business	Mailing Address			T INDRINDRY IN THE COURT OF THE CO	8) 00 0 10
8208 N THATC	HER	8208 N THATCHER						
TAMPA FL 33614 TAMPA FL 33614			DO NOT					
						WRITE IN THE	S SPACE	
					3. Date Incorporated or Qua	airea		
					01/24/1994		— т	\
2. Principal P	lace of Business	2a. Mailing Address	3		4. FEI Number	•	⊢	Applied For
21		26			59-3222466			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	c.		5. Certifcate of Status Desir	ed 🗌	∌o.73 Fee F	Additional Required
22		City & State			A FI Was Carraine Finan			
City & Stat	e	<u> </u>			6. Election Campaign Finan Trust Fund Contribution	cing		May Be
23 Zin	Country	Zip	Co	untry	8. This corporation owes the	ourront waar In		710 1 003
Zip		29	30	ond y	Personal Property Tax.	s content year in	Tarigible ☐ Yes	□No
24	9. Name and Address of Curi		30	Т	10. Name and Address of N	lew Registered		
	5. Name and Address of Out	rem registered Agent		81 Name				
CAR	DENAS, RALPH	J						
	N. HABANA AVE.	Arus	_	82 Street Add	dress (P.O. Box Number is Not Ac	cceptable)		
	PA FL 33614	Addie	55	83			r	
		•				1,1	·, ·	
				84 City	TAMPA	FI	85 -Zig	3603
' office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	ito of Florida, Such change,	was authonze	ed by the comora	tion's board of directors. I hereby	accept the appo	ointment as i	registered
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered a			d Agent signature requi		DATE	ND DIDECT	TODE IN 12
12.	OFFICERS .	AND DIRECTORS	13		red when reinstating) ADDITIONS/CHANGES T			
	OFFICERS D		13 TE 1.11	TITLE			ND DIRECT	
12.	OFFICERS D ARTIGAS, GILBERT W	AND DIRECTORS	13 TE 1.1 T 1.2 N	TITLE LAME				
12.	OFFICERS D ARTIGAS, GILBERT W 8208 N THATCHER	AND DIRECTORS	13 TE 1.1 T 1.2 N	TITLE				
12. TITLE NAME	OFFICERS D ARTIGAS, GILBERT W	AND DIRECTORS ☐ DELE	13 TE 1.11 1.2 M 1.3 S 1.4 C	ITILE IAME STREET ADDRESS			☐ Change	Addition .
12. TITLE NAME STREET ADDRESS	OFFICERS D ARTIGAS, GILBERT W 8208 N THATCHER	AND DIRECTORS	13 1.17 1.17 1.2 1.3 1.4 0.17	ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE				Addition .
12. TITLE NAME STREET ADORESS CITY-ST-ZIP	OFFICERS D ARTIGAS, GILBERT W 8208 N THATCHER	AND DIRECTORS ☐ DELE	13 1.17 1.17 1.2 1.3 1.4 0.17	ITILE IAME STREET ADDRESS			☐ Change	Addition .
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS D ARTIGAS, GILBERT W 8208 N THATCHER	AND DIRECTORS ☐ DELE	13 TE 1.17 12 h 13 s 14 c TE 2.17 22 h	ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition .
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS D ARTIGAS, GILBERT W 8208 N THATCHER	AND DIRECTORS DELE	13 TE 1.11 1.2N 1.35 1.4C 2.11 2.2N 2.35 2.4	TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS D ARTIGAS, GILBERT W 8208 N THATCHER	AND DIRECTORS ☐ DELE	13 TTE 1.11 1.21 1.35 1.40 2.11 2.21 2.35 2.4 TTE 3.11	TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS D ARTIGAS, GILBERT W 8208 N THATCHER	AND DIRECTORS DELE	13 TE 1.17 1.21 1.35 1.40 2.17 2.21 2.35 2.4 TE 3.17 3.21	TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE IAME ITTLE IAME ITTLE IAME ITTLE IAME ITTLE IAME IAME IAME IAME IAME IAME			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS D ARTIGAS, GILBERT W 8208 N THATCHER	AND DIRECTORS DELE	13 TE 1.17 1.21 1.35 1.40 2.17 2.21 2.35 2.4 TE 3.17 3.21	TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS D ARTIGAS, GILBERT W 8208 N THATCHER	AND DIRECTORS DELE	13 TE 1.11 1.21 1.35 1.40 2.11 2.21 2.35 2.4 3.11 3.21 3.35 3.4	TITLE IAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS D ARTIGAS, GILBERT W 8208 N THATCHER	AND DIRECTORS DELE	13 TE 1.11 1.21 1.35 1.40 2.17 2.21 2.35 2.4 3.11 3.21 3.33 3.4 3.4 4.2 4.33 4.40	TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE ITTLE IAME STREET ADDRESS CITY-ST-ZIP ITTLE I			☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS D ARTIGAS, GILBERT W 8208 N THATCHER	AND DIRECTORS DELE	13 TE 1.11 1.21 1.35 1.46 2.11 2.21 2.35 2.4 3.11 3.21 3.33 3.4 4.12 4.23 4.40 TE 5.11	TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS D ARTIGAS, GILBERT W 8208 N THATCHER	AND DIRECTORS DELE	133 1.40 1.31 1.22 1.32 1.42 1.33 1.34 1.32 1.32 1.33 1.44 1.32 1.33 1.44 1.34 1.34 1.34 1.34 1.34 1.34	TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE IAME			☐ Change	Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS D ARTIGAS, GILBERT W 8208 N THATCHER	AND DIRECTORS DELE	133 1.40 1.31 1.22 1.33 1.40 1.33 1.34 1.33 1.34 1.32 1.33 1.42 1.33 1.42 1.33 1.42 1.33 1.44 1.	TITLE JAME STREET ADDRESS CITY-ST-ZIP TITLE JAME STREET ADDRESS CITY-ST-ZIP TITLE JAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE JAME STREET ADDRESS CITY-ST-ZIP TITLE JAME STREET ADDRESS CITY-ST-ZIP TITLE JAME STREET ADDRESS CITY-ST-ZIP			Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS D ARTIGAS, GILBERT W 8208 N THATCHER	AND DIRECTORS DELE	133 TE 1.11 1.21 1.35 1.40 2.11 2.21 2.35 2.4 TE 3.11 3.21 3.33 3.4 TE 4.12 4.23 4.35 4.40 TE 5.11 5.21 5.21 5.35 5.40 TE 6.11	TITLE JAME STREET ADDRESS CITY-ST-ZIP TITLE JAME STREET ADDRESS CITY-ST-ZIP TITLE JAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE JAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS D ARTIGAS, GILBERT W 8208 N THATCHER	AND DIRECTORS DELE	133 TE 1.11 1.21 1.35 1.40 2.11 2.21 2.35 2.4 TE 3.11 3.21 3.35 3.4 4.17 4.22 4.33 4.40 5.11 5.24 5.35 5.40 TE 6.11	TITLE JAME STREET ADDRESS CITY-ST-ZIP TITLE JAME STREET ADDRESS CITY-ST-ZIP TITLE JAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE JAME STREET ADDRESS CITY-ST-ZIP TITLE JAME STREET ADDRESS CITY-ST-ZIP TITLE JAME STREET ADDRESS CITY-ST-ZIP			Change	Addition Addition 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 agreety with an address, with all other like empowered.

SIGNATURE:

1-26-99