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 # P94000011468 (3) 1. Corporation Name

TANS ON Q, INC.

Principal Place of Business 679 QueQS.E

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90235 010 ***150.00

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	COA NO.	in stocon; Rei.		22224	DO NOT WRITE IN THIS SPA	ACE	
winter	Haven, FL 33884	Winter Haven, H	T.	33884	3. Date Incorporated or Qualifed		
3. Dringing D	Diano of Business	2. Mailing Address			2/08/1994 4. FEI Number	1 1	u
Z. Principal Pi	Place of Business	2a. Mailing Address		-		⊢ +—``	lied For
21	#	26			59-3222913		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	8.75 A	
22[27				Fee Rec	<u> </u>
City & State	le	City & State			_ I	\$5.00 i	•
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Count	try .	8. This corporation owes the current year Intangil		_
24	25	29 3	0		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Age	nt	
	, .,	•	8	Name			
Tee	e, Vevaline		-	32 Street Add	ress (P.O. Box Number is Not Acceptable)		
	Croton Rd.		J°	Street Addi	ress (P.O. Box Number is Not Acceptable)		
		4	Ē	13			
MTII	iter Haven, FL 3388	4					
			8	34 City	F. 8	5 Zip C	ode
							
*office or re	egistered agent; or both; in the State of	f Florida. Such change was auth	orized b	by the corporation	poration submits this statement for the purpose of char on's board of directors. I hereby accept the appointment	nging its i ent as reg	egisterea istered
agent. I ai	im familiar with, and accept the obligation	ons of, Section 607.0505, Flond	a Statut	85.			
SIGNATURE	Signature, typed or printed name of registered agent	and the if annihable (NOTE: De	ociata and A	gent signature require	d when reinstating) DATE		
12.	OFFICERS AND		13.	gent signature require	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	2S IN 12
TITLE		DELETE	1.1 TITLE	- 1		Change	Addition
I	D	[] betele				Change	Addition
NAME	Lee, Vevaline		1.2 NAM	E			
STREET ADDRESS	113 Croton Rd.		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	Winter Haven, FL	33884	1.4 CITY	-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE	<u> </u>		Change	☐ Addition
NAME	Lee, James D.		2.2 NAM	E ·			
STREET ADDRESS	113 Croton Rd.	ļ	2.3 STR	EET ADDRESS			
	1	22004		'-ST-ZIP			
CITY-ST-ZIP TITLE	Winter Haven, FL	33884	3.1 TITLE			Change	Addition
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NAME			3.2 NAM			•	
STREET ADDRESS			3.3 STR	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
'		☐ DELETE	4.1 TITLE	i		Change	Addition
TITLE							
			4.2 NAM	<u> </u>			
NAME				E			
NAME STREET ADDRESS	·		4.3 STRE	ET ADDRESS			
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indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to explicitly or Block 12 or Block 13 if changed, or on an attachment with an address, with signature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: Vevaline Lee

Daytime Phone #