FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

Mailing Address

2a. Mailing Address

City & State

Ζıρ

Suite, Apt. #, etc.

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14404 MOORING DR.

LARGO FL 3008-1109

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

14404 MOORING DR.

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Zip

LARGO FL 33778-1109

Sulte, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000012680 (2)

Country

9. Name and Address of Current Registered Agent

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TARKENTON ENTERPRISES, INC.

Secretary of State DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/15/1994 Applied For 4. FEI Number 59-3230091 Not Applicable \$8.75 Additional 5, Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intengible Yes Personal Property Tax due June 30. D2 No 10. Name and Address of New Registered Agent

FILED

Mar 20 1998 8:00am

TARKENTON, EDWARD L 14404 MOORING DRIVE LARGO FL 33776		81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	
		84 C	Sity 85 Zip Code
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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE F.DWARD L. TARKENTON - PRESIDENT Edward Larkenton 1-6-98 Stonatore, typed or printed name of tog stored 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	D DELETE	1.1 TITLE	Change Addition
NAME	TARKENTON, EDWARD L	1.2 NAME	j i
STREET ADDRESS	14404 MOORING DR.	1.3 STREET ADD	RESS]
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-26	
TITLE	☐ DELÉTE	2.1 TITLE	Change Addition
NAME		22 NAME	
STREET ADDRESS		2.3 STREET AOD	PRESS
CITY-ST-ZIP		2.4 CITY-ST-Z	
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADD	RESS
CITY-ST-ZIP		3.4. CITY - ST - Z	JP
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADD	RESS
CITY-ST-ZIP		4.4 CITY-ST-ZI	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADD	RESS
CITY-ST-ZIP		5.4 CITY - ST - ZI	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADD	ress
CITY - ST - ZIP		6.4 CITY - ST - ZI	P.

Country

81 Name

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Thereby 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.

SIGNATURE: FOW ARD A TARKENTON Elwa