FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P94000039567 (0)

DOCUMENT # 1. Corporation Name TANGLZ INC.

Principal Place of Business

Mailing Address



1426 N. WOODLAND BLVD. DELAND FL 32720		1426 N. WOODLAND BLVD. DELAND FL 32720			
				 Date Incorporated or Qualified 05/23/1994 	3a. Date of Last Report 05/01/1995
21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-3244805	Applied For Not Applicable
Surte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	- \$5.00 May Be
Zip	Country	[28] Zp	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24	25 25 C. Nome and Address of Co.	29	30	Florida Statutes	□ No
	9. Name and Address of Curre	ent Hegistered Agent	8° Name	10. Name and Address of New Re	gistered Agent
FOUT.	RHONDA				
1426 N. WOODLAND BLVD.				ddress (P.O. Box Number is Not Acceptable	
DELAN	ID FL 32720		83	D. Spring Gar	UPIT SPE.
			84 City A		85 Zip Code
11. Pursuant to	a the provisions of Sections 607.057	2 and 6/V 1502 Flands Child	$\underline{\hspace{1cm}}$	e/q n d poration submits this statement for the purp	FL 32720
	ed agent, or both, in the State of Flo th, and accept the obligations of, Sec			poration submits this statement for the purp loard of directors. I hereby accept the appo	iose of changing its registered office in ntment as registered agent. I am
SIGNATURE	and the state of t	dustri de i .0000, i londa Gtatutes			-
	Signature, typed or pended name of registeric flage		The Registered Agent Signer as req		[»A*E
12.	OFFICERS AF	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DERS AND DIDECTORS IN 12
NAME	FOUT, RHONDA	☐ DELETE	1 1 HILE	Owner,	Change 🗋 Addition
STREET ADDRESS	1426 N. WOODLAND BLV	1	1.2 NAME	Rhonda fout	Ste F.
CITY-ST-ZIP	DELAND FL	,	1.3 STREET ADDRESS 1.4 CITY - 31 - ZIP	320 S. Spring Garden Deland, Fl. 32720	0,4,7,4
TITLE		DELETE	2 1 Tifue	Deland , F1 32 100	Change Addition
NAME			2.2 NAME		E change E Addition
STREET ADORESS			23 STREE ADDRESS		
CITY - ST - ZIP			2.4 City - Et - ZIP		
TITLE		☐ DELETE	3 1 TIFLE		Charige Addition
NAME			3 2 NAME		_
STREET ADDRESS			3.3 STREE LADDRESS		
CITY-ST-ZIP			3.4 CHTY - 5.1 - ZIP		
TITLE		☐ DELE1€	4 : TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+S!-Z:P TiTLE		DELETE	4 4 CITY - \$ 1 - ZIP		
NAME		occur	5 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME		
CITY-SI-ZIP			5 3 STREET ADDRESS		
TITLE		☐ DELETE	5.4 CITY - ST ZIP 6.1 TITLE		Change Addition
NAME		<u>.</u> , -	6 2 NAME		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY - 5 "- ZIP		

14. Ido hereby certify that the information supplied with this filing is volunturily furnished and doe; 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/66 904-736-9383 Daylor o From a