


**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90099 010 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P94000077681</b> 1. Corporation Name <b>TAN BIZ, INC.</b>		



Principal Place of Business 256 SOLANO RD. PONTE VEDRA BEACH FL 32082 US		Mailing Address <del>63 MARSH COVE DR.</del> PONTE VEDRA BEACH FL 32082		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <b>10/24/1994</b>	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For <input type="checkbox"/> Not Applicable		
21. Suite, Apt. #, etc.	26. <b>256 SOLANO RD</b>	59-3274166			
22. City & State	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
23. Zip	28. <b>Ponte Vedra Beach FL</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
24. Country	29. Zip <b>32082</b>	30. Country <b>ST. JOHN'S</b>	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>O'NEILL, KAREN B.</b> <b>1000 21 STREET NORTH</b> <b>JACKSONVILLE BEACH FL 32250</b>			81. Name <b>DEBORAH LEVERENCE</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>256 SOLANO RD</b> 83. City <b>PONTEVEDRA BEACH FL</b> 84. Zip Code <b>32082</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 <i>Deborah Leverence</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<del>DRVS</del>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>DRVS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARRON, BETTY J.</b>		1.2 NAME	<b>DEBORAH LEVERENCE</b>	
STREET ADDRESS	<b>63 MARSH COVE DR.</b>		1.3 STREET ADDRESS	<b>256 SOLANO RD</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>		1.4 CITY-ST-ZIP	<b>PONTEVEDRA BEACH FL 32082</b>	
TITLE	<b>CARRON, BETTY J.</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DEBORAH LEVERENCE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>63 MARSH COVE DR.</b>		2.2 NAME	<b>256 SOLANO RD</b>	
STREET ADDRESS	<b>PONTE VEDRA BEACH FL 32082</b>		2.3 STREET ADDRESS	<b>PONTE VEDRA BEACH FL 32082</b>	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-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.

SIGNATURE:

*Deborah Leverence* **DEBORAH LEVERENCE** 3/11/99 904-285-0512  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)