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FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90069 003 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000029669

1. Corporation Name
TARQUA HOLDINGS, INC.



Principal Place of Business
877 EXECUTIVE CENTER DR W
SUITE 303
ST PETERSBURG FL 33702

Mailing Address
877 EXECUTIVE CENTER DR W
SUITE 303
ST PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1995

4. FEI Number

65-0573668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 152 8th AVENUE SW,

Suite, Apt. #, etc.

22 SUITE 1B

City & State

23 LARGO

Zip

24 34640

Country

25 FL

2a. Mailing Address

26 152 8th AVENUE SW,

Suite, Apt. #, etc.

27 SUITE 1B

City & State

28 LARGO

Zip

29 34640

Country

30 FL

9. Name and Address of Current Registered Agent

MASCARA, ERNEST L
877 EXECUTIVE CENTER DR W
SUITE 303
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name
PINELLAS TAX & ACCOUNTING SERVICE INC.

82 Street Address (P.O. Box Number is Not Acceptable)
152 8th AVENUE SW, SUITE 1B

83

84 City LARGO

FL

85 Zip Code
33778

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 WILLIAM K. HERBERT, III
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

april 7, 1999
DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME HUGHES, ROY
STREET ADDRESS 10035 GULF BOULEVARD
CITY-ST-ZIP TRASURE ISLAND FL 33708

TITLE DVPS
NAME HUGHES, JEAN
STREET ADDRESS 10035 GULF BOULEVARD
CITY-ST-ZIP TRASURE ISLAND FL 33708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT
1.2 NAME HUGHES ROY
1.3 STREET ADDRESS 3680 BELLE VISTA DR.
1.4 CITY-ST-ZIP ST PETE BEACH FL 33706

2.1 TITLE DVPS
2.2 NAME HUGHES JEAN
2.3 STREET ADDRESS 3680-BELLE VISTA DR.
2.4 CITY-ST-ZIP ST PETE BEACH FL 33706

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIDNEY ROY HUGHES, PRESIDENT

4/5/99

(727) 363 8146
Daytime Phone #

CR2E034 (11/98)