## FILE NOW: FILING FEE AFTI AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 1998

3



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000030849 (0)

MIKE D. TAGG, INC.

<b>Principal</b>	Place of	Business

Mailing Address

## **FILED** Apr 14 1998 8:00am Secretary of State



5261 8TH AVE		5261 8TH AVE S.W. NAPLES FL 33999		DO NOT WRITE IN THIS	PDACE
				3. Date Incorporated or Qualified	SPACE
				04/17/1995	
2. Priocipal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 116K	e D. TAGG FAC.	26 Mike D. 7	AGG INC	- 65-0574651	Not Applicable
Suite, Apt. 22 544	OA 15TAV. N.W.	Suite, Ap1, #, etc. 15, 54, 60, April 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,	AGG INC AV. N. W.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	oles, Pl	28 NAples F	21.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3411	9 25 Caller		Collre-	This corporation owes or has paid the cu     Personal Property Tax due June 30.	Yes 🔲 No
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
	3G, MIKE				
			ddress (P.O. Box Number is Not Acceptable)		
MAI	PLES FL 33999		83		
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named co	orporation submits this statement for the purpose of	f changing its registered
office or re agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligat	or Florida. Such change was aut ions of, Section 607.0505, Florid	horized by the corpo da Statutes.	ration's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	Michael D V	KR			1-98
10	Signature, typed or printed rearise of registered agent OFFICERS AND		Registered Agent signature re-		D DIDECTODO IN 10
<b>12.</b> TITLE	D OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS ANI	Change Addition
NAME	TAGG, MIKE		1.2 NAME		
STREET ADDRESS	5261 8TH AVE SW		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33999		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME		- Detrut	4.1 IIILE 4.2 NAME		Li Change Li Adoliton
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		_	5.2 NAME		
STREET ADDRESS	·		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		ļ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-ZIP			6.4 CITY-ST-ZIP		

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.

Michael

4-1-98