

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000038797 (3)**

1. Corporation Name

TAN SYSTEMS III, INC.



Principal Place of Business

**130 SOUTH SEMORAN BLVD.
ORLANDO FL 32807**

Mailing Address

**130 SOUTH SEMORAN BLVD.
ORLANDO FL 32807**

2. Principal Place of Business

2a. Mailing Address

21 **10376 E COLONIAL DRIVE**

26 **1255 BELLE AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 **SUITE 186**

City & State

City & State

23 **ORLANDO, FL**

28 **WINTER SPRINGS, FL**

Zip

Zip

Country

Country

24 **32817**

25 **USA**

29 **32708**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/16/1995

3a. Date of Last Report

4. FEI Number

59-332-0633

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

**PICERNE, GWYN R
130 SOUTH SEMORAN BLVD.
ORLANDO FL 32807**

8. Name

GWYN PICERNE

8a. Street Address (P.O. Box Number is Not Acceptable)

1255 BELLE AVENUE

8b.

SUITE 186

8c. City

WINTER SPRINGS

FL

8d. Zip Code

32708

10. Name and Address of New Registered Agent

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

Signature typed or printed name of the person signing this statement

Date typed or printed name of the person signing this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PICERNE, GWYN R**
CITY-STATE-ZIP **130 SOUTH SEMORAN BLVD.
ORLANDO FL 32807**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1255 BELLE AVE. STE 186**
1.4 CITY-STATE-ZIP **WINTER SPRINGS, FL 32708**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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:

Gwyn R. Picerne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/96 407-695-0900
DATE DAYTIME PHONE #

CR2E034 (12/95)