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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1997 8:00am

Secretary of State

(813) 791-0063

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077138 (2)

TARPON DEVELOPMENT CORP.

Principal Plac	e of Business	Mailing Address	Mailing Address		I LODOLOGI IND FONDY DYNY BONY DOWN DANK	- Dul ia
28059 US HIGHWAY 19 NORTH SUITE 100 CLEARWATER FL 34621		28059 US HIGHWAY 19 NORTH SUITE 100 CLEARWATER FL 34621-2620				
					 Date Incorporated or Qualified 10/09/1995 	3a. Date of Last Report 04/12/1996
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3343365	Not Applicable
Suite, Apt. #, etc Suite, Apt.					5. Certificate of Status Desired	\$8.75 Additional
27						Fee Required
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	,	B. This corporation has liability for it	712000 10 1 000
24	25	29	30		·	Yes X No
	Name and Address of Current	Registered Agent			10. Name and Address of New Re	
KIMI	PTON, WILLIAM J ESQ.		81	Name		
28059 U.S. HWY. 19 NORTH				Street Addr	ress (P.O. Box Number is Not Acceptab	fal.
SUITE 100				olidol Addi		
CLEARWATER FL 34621			83			
			84	City		85 Zip Code
11. Pursuant	to the vivisions of Sections 607,0502	and 607.1508. Florida Statu	ites, the abovi	l a-named com	poration submits this statement for the n	urnose of changing its registered
office or r	egistered agent or both, in the State of	Florida, Such change was	authorized by	the corporat	poration submits this statement for the prior's board of directors. I hereby acception's	t the appointment as registered
SIGNATURE	The state of the s	Willian	n J. Kim	nton		1/4/97
SIGNATURI	griatore, ty, or printed nation				red when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition
NAME	ONORIO, CARLESIMO		1.2 NAME			
STREET ADDRESS	PO BOX 838, 811 HEDDEN CT.		1,3 STREET	ADDRESS		
CITY-ST-ZIP	OZONA FL 34660		1.4 CITY - S	T-ZIP		
TITLE	VPD DELETE		2.1 TITLE			☐ Change ☐ Addition
NAMÉ	FRANK, JOHN P.		2.2 NAME			
STREET ADDRESS	10010 U.S. HWY. 19		2 3 STREET			
CITY-ST-ZIP TITLE	PORT RICHEY FL 34668		2 4 CITY-ST-ZIP			TT 80.
NAME	KIMPTON, WILLIAM J.	LI DELETE	3 1 TITLE			Change Addition
STREET ADDRESS	28059 US HIGHWAY 19 NORTH	#100	3.2 NAME		-	
CITY - ST - ZIP	CLEARWATER FL 34621	1 # 100	33 STREET	1		
TITLE	Waster Class Car Control	DELETE	34. CITY - 5 4.1 TITLE	51-ZIP		Change Addition
NAMÉ			4 2 NAME			T wiende T vanimi
STREET ADDRESS			4 3 STREET	ADDRESS		
CITY - ST - ZIP			4.4 City-S			
TITLE		DELETE	51 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY - ST - ZIP			5 4 CHTY-S	T-ZIP		
THILE		DELETE.	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S			
14. I do hereb	by certify that the uniformation supplied in indicated on the appual report or su	with this filing does not qua	lify for the exe	mption stated	in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal	i. I further certify that the
i airi aii oi	incer or orrecting the corporation or (pplemental anitual report is ne receiver or trustee empor on an <u>attachment wi</u> th an ad	werea to exec	ute this report	t as required by Chapter 607, Florida S	l effect as if made under oath; that tatutes; and that my name

William J. Kimpton, Secretary