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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

P95000088599 (2) DOCUMENT #

TARTAN PROPERTIES, INC.

appears in Block 12 or Block 13 if

SIGNATURE:

Principal Place of Business Mailing Address

**FILED** May 12 1997 8:00am Secretary of State



550 N. BUMBY AVENUE #145 ORLANDO FL 32803			550 N. BUMBY AVENUE #145 Orlando Fl 32803-4927						
						3. Date incorporated or Qualified 11/17/1995	06/1	of Last R	leport
2. Principal Pl	ace of Business	2a. Mailing	2a. Mailing Address			4. FEI Number 59 - 335	0237		oplied For
21		26				APPLIED FOR			ot Applicable
Suite, Apt	#, <b>e</b> tc.	Suite, / 27	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 23	3	City & <b>28</b>	State			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
<b>2ο</b> μ	Country	Zip		Country	· · · · · · · · · · · · · · · · · · ·				
24	25	·	29 30			6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
F-41		of Current Registered A	gent	1201		10. Name and Address of New Re			
Will	.S, ERIC K			81	Name		<del> </del>		
	WOODLAND STREET					<u>,</u>		<del></del>	
	ANDO FL 32806				Street Ac	t Address (P.O. Box Number is Not Acceptable)			
				83					
				84	City		FL	<b>85</b> Zip	Code
11. Pursuant t	to the provisions of Sectio	ns 607 0502 and 607 1508	, Florida Statul	tes, the abov	e-named c	orporation submits this statement for the	purpose of c	hanging it	ts registered
office or ri agent. I a	egistered agent, or both, i m familiar with, and accer	n the State of Florida. Such of the obligations of, Section	n change was n 607.0505, Fl	authorized by orida Statute	the corpo s.	ration's board of directors. I hereby acce	pt the appoi	niment as	registered
SIGNATURE	Stignature, typical or printed han e-ol	registered agent and little if applicab	ile. (NOT	E Registered Ap	eni signature re	quired when reinstating)	DATE		
12.	OFF	ICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AND I	DIRECTOR	RS IN 12
TitleF	D		DELETE	11 TITLE				Change	☐ Addition
NAME	WILLS, ERIC K			1.2 NAME					
STREET ADDRESS	420 WOODLAND STI	REET		1.3 STREET	ADDRESS				
CHY-ST-ZIP	ORLANDO FL 32806			1.4 CITY+5	Y-ZIP				
TITLE	D		DELETE	2 1 TITLE				Change	Addition
NAME	WILLS, JANET B			2.2 NAME					
STREET ADDRESS	420 WOODLAND STI	REET		2.3 STREET	ADDRESS				
CITY - ST - 7(P	ORLANDO FL 32806			2.4 CITY-	ST-ZiP				
TIILE			DELETE	3.1 TITLE			Į.	Change	Addition
NAME				3.2 NAME					-
STREET ADDRESS				3.3 STREET	ADDRESS				
City - \$1 - ZiF				3.4 City-	ST-ZIP				
THILE			DELETE	4.1 TITLE	- 1		ī	Change	Addition
NAME				4.2 NAME					
STREET ADDRESS				4.3 STREE	ADDRESS		•		
C(1Y - S1 - Z(P)			_	4.4 CITY-	ST-ZIP	**************************************		· .	
TITLE			DELETE	5.1 TITLE			Į.	Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY ST-700				5.4 CITY-	ST-ZIP			<del></del>	
Title			DELETE.	6.1 TITLE			L	Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	ADDRESS				
CITY - S1 - ZIP				6.4 CITY-1		<u> </u>			
14. I do heret	by certify that the informat	ion supplied with this filing I report <b>or s</b> upplemental an	does not qual	ity for the exe true and acc	emption sta	ted in Section 119.07(3)(i), Florida Statuti hat my signature shall have the same leg	es. I further o	certify that f made un	. the ider oath: that
Lamano	flicer or director of the cor	poration or the receiver or	truste empoy	vered to exec	oute this rep	hat my signature shall have the same leg port as required by Chapter 607, Florida	Statutes; an	d that my	name