## 5-2-97 B - 6222 N/C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000090344 (9)

TAM REALTY & DEVELOPMENT, INC.

appears in Block 12 or Block 13 if changed,

Mailing Address Principal Place of Business 2085 NW 60TH AVENUE 2085 NW 60TH AVENUE OCALA FL 34482 OCALA FL 34482-4428 3. Date Incorporated or Qualified 3a. Date of Last Report 11/27/1995 08/20/1996 2. Principal Place of Business 4, FEI Number Applied For 2a. Mailing Address APPLIED FOR Not Applicable Suite, Apt. #, etc. \$8.75 Additional Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution  $\Box$ Added to Fees 23 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name FANNON, JOHN H 2085 NW 60TH AVENUE Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34482** 83 84 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 Signalure, typed or printed name of registered against and title if applicable (NOT) Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 11 THLE TITLE FANNON, JOHN H 1.2 NAME NAME 2085 NW 60TH AVE STREET ADDRESS 1.3 STREET ADDRESS OCALA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition DELETE TITLE 2.1 TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 City - ST- ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 THLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change ☐ Addition 6.11016 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

City-St-ZiP

14. I do 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 jeceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

or or an attachment with an address.

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FILED

May 02 1997 8:00am

Secretary of State