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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1**9**98

Principal Place of Business

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT, OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

P95000090344 (9) DOCUMENT #

TAM REALTY & DEVELOPMENT, INC.

2085 NW 60TH AVENUE 2085 NW 60TH AVENUE OCALA FL 34482 **OCALA FL 34482** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 APPLIED FOR S9 - 33635% 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Ζjρ Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Fannon, John H 2085 NW 60TH AVENUE Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34482 63 Zip Code 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. \_\_\_ DELETE Addition TITLE 1.1 TITLE Change **Fannon, John H** NAME 1.2 NAME 2085 NW 60TH AVE STREET ADDRESS 1.3 STREET ADDRESS CALA FL ÇITY-ST-ZIP 14 City-St-7IP PRES DELETE 21 TITLE Change Addition TITLE NAME he ellis 2.2 NAME 855 3B 58 AVE STREET ADDRESS 2.3 STREET ADDRESS OCALA IFI. 34772 CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME

14. 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 an an attachment with an oddress.

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

□ DELETE

4.3 STREET ADDRESS

5.9 STREET ADDRESS

6.3 STREET ADDRESS 6.4 City - ST-ZIP

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

مهاییدایه

Change

Change

Addition

Addition

**FILED** 

May 26 1998 8:00am

Secretary of State