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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000048833 (3)

FILED May 09 1997 8:00am Secretary of State

TARA LEIGH, INC. Principal Place of Business Mailing Address 305 NE 1ST STREET GAINESVILLE FL 32801 Mailing Address GAINESVILLE FL 32801 GAINESVILLE FL 32801								
					3. Date incorporated or Qualified 06/05/1996	3a. Date o	of Last Re	eport
1	lace of Business	2a. Mailing Address			4. FEI Number 59-3418104			plied For
1 Suite, Apt	H ~ 60.	26	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		39-3410104	م ،		t Applicable
2 Suite, Apr	#, tau	27			6. Certificate of Status Desired	/ 4 *	<i>P</i> ee Re	Additional outred
City & Stat	le	City & State			6. Election Campaign Financing	- \	\$5.00	
3		28			Trust Fund Contribution		Added t	
Zip	Country	Zip	Country		8. This corporation has liability for			199.032,
4	25	29	30	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes 🔲 N	· ·	
	9. Name and Address of C	urrent Registered Agent	81		10. Name and Address of New Re	gistered Age	ent	
EDI	NGER, GARY S		01	Name				
	NE 1ST STREET		82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
GA	INESVILLE FL 32601		83					
			64	City	•	FL	35 Zip (Code
						<u> </u>	anoing its	s registered
11. Pursuant office or i	to the provisions of Sections 60: registered agent, or both, in the im familiar with, and accept the	7.0502 and 607.1508, Florida S State of Florida Such change v obligations of Section 607.050:	tatutes, the above- vas authorized by t 5. Florida Statutes	riamed corporation	oration submits this statement for the pon's board of directors. I hereby accel	pt the appoint	tment as	registered
SIGNATURE	Signature typed or punted name of register		tatutes, the above- vas authorized by t 5, Florida Statutes. INOTE Registered Agent	t signature require	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DI		
SIGNATURE	Signature typed or punted name of register	red agent and like if applicable	INOTE: Registered Agent	t signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DI		S IN 12
SIGNATURE 12. Tile	Signature typed or printed name of register OFFICERS D MARCHANT, TARA L	red agent and tine if applicable S AND DIRECTORS	INOTE: Registered Agent	t signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DI	RECTOR	S IN 12
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11. Pursuant office or agent 12 agent 12 agent 12. 12. Ditte vame specification of the control	Signature typed or printed name of register OFFICERS D MARCHANT, TARA L 1075 ALAMO DRIVE	red agent and tine if applicable S AND DIRECTORS	INOTE Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE	t signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DI 4 L 32025	RECTOR	S IN 12
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SIGNATURE 2. THE TAME THEFT ADDRESS THY-SI-ZIP THE TAME TAME TAME TAME TAME TAME TAME TAM	Signature typed or printed name of register OFFICERS D MARCHANT, TARA L 1075 ALAMO DRIVE	red agent and tire if applicable S AND DIRECTORS DELETE DELETE	INOTE Registered Agent 13. 1.1 TillLE 1.2 NAME 1.3 STREET A 1.4 City-St- 2.1 TillLE 22 NAME 23 STREET A 2.4 City-St	ADDRESS	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DI A L BLOSS	RECTOR Change	S IN 12 Addition
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SIGNATURE 12. DILE VAME SIREEL ADDRESS DILY-SI-ZIP TILLE VAME SIRIEEL ADDRESS DILY-SI-Z-P LILLE VAME SIRIEEL ADDRESS DILY-SI-Z-P LILLE VAME SIRIEEL ADDRESS DILY-SI-Z-P	Signature typed or printed name of register OFFICERS D MARCHANT, TARA L 1075 ALAMO DRIVE	red agent and tine if applicable S AND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST	ADDRESS 1-ZIP	ADDITIONS/CHANGES TO OFFICE ACCUMING, TANK TANK TO TO THE CONTROL OF CONTROL ACCUMING TO THE CONTROL ACCUMING TH	DATE CERS AND DI A L BOOKS	RECTOR Change	S IN 12 Addition
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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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/97 352 466-4124