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FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000066164 (0)

1. Corporation Name  
TOMARRIE, INC.



Principal Place of Business

2735 68TH STREET SW  
NAPLES FL 33999

Mailing Address

2735 68TH STREET SW  
NAPLES FL 34105-7235

3. Date Incorporated or Qualified

08/06/1996

3a. Date of Last Report

2. Principal Place of Business

21 800 SEAGATE DR

Suite, Apt. #, etc.

22 SUITE 203

City & State

23 NAPLES, FL

Zip

24 34103

Country

25 USA

2a. Mailing Address

26 800 SEAGATE DR

Suite, Apt. #, etc.

27 SUITE 203

City & State

28 NAPLES, FL

Zip

29 34103

Country

30 USA

4. FEI Number

59-3393053

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

BRANCHEAU, THOMAS  
2735 68TH STREET SW  
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name

THOMAS BRANCHEAU

82 Street Address (P.O. Box Number is Not Acceptable)

800 SEAGATE DR

83

SUITE 203

84 City

NAPLES

FL

85 Zip Code

34105

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

*Thomas Brancheau*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/8/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
THOMAS BRANCHEAU  
2735 68TH ST SW  
NAPLES, FL 34105

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
PRESIDENT  
THOMAS BRANCHEAU  
2735 68TH ST SW  
NAPLES, FL 34105

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
SECRETARY  
CARRIE BRANCHEAU  
2735 68TH ST SW  
NAPLES, FL 34105

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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 on an attachment with an address.

SIGNATURE:

*Thomas Brancheau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97

DATE

Daytime Phone #

CR2E034 (9/96)