

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

FILED

May 01 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 # P96000086746 (0)

1. Corporation Name
ALTAMONTE TAN, INC.

Principal Place of Business

2355 MORNINGSIDE DRIVE
MT DORA FL 32757

Mailing Address

2355 MORNINGSIDE DRIVE
MT DORA FL 32757-8813



2. Principal Place of Business

21 600 E. Altamonte Dr.

Suite, Apt. #, etc.

22 # 1050

City & State

23 Altamonte Springs, FL

Zip

24 32701

Country

25 US

2a. Mailing Address

26 600 E. Altamonte Dr.

Suite, Apt. #, etc.

27 # 1050

City & State

28 Altamonte Springs, FL

Zip

29 32701

Country

30 US

9. Name and Address of Current Registered Agent

MARLOW, ELIZABETH
8783 NEWBERRY RD
GAINESVILLE FL 32605

3. Date Incorporated or Qualified

10/18/1996

3a. Date of Last Report

4. FEI Number

59-3408221

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

10. Name and Address of New Registered Agent

81 Name

Glen Woods

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

2031 SW 75TH Terr.

83

84 City

Gainesville

FL

85 Zip Code

32607

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

Glen Woods - President

4/25/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

Sec./Treas.
NAME
Carl Dragstedt
STREET ADDRESS
2355 Morningside Dr.
CITY-ST-ZIP
Mt. Dora, FL 32757

☒ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Sec./Treas.
NAME
Patricia Dragstedt
STREET ADDRESS
2355 Morningside Dr.
CITY-ST-ZIP
Mt. Dora FL 32757

☒ Change ☐ Addition

2.1 TITLE

President
NAME
Glen Woods
STREET ADDRESS
2031 SW 75TH Terr.
CITY-ST-ZIP
Gainesville FL 32607

☐ Change ☐ Addition

3.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Glen Woods

4/25/97

407-260-9206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)