

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90055 035 \*\*\*150.00

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1. Corporation Name

TIB GOVERNMENT LOAN SPECIALISTS, INC.

Principal Place of Business

99451 OVERSEAS HIGHWAY  
KEY LARGO FL 33037

Mailing Address

P O BOX 2808  
KEY LARGO FL 33037  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1997

4. FEI Number

65-0809109

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30  
9. Name and Address of Current Registered Agent  
SMITH, WAYNE LARUE ESQ.  
317 WHITEHEAD STREET  
KEY WEST FL 33040

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME LETT, EDWARD V  
STREET ADDRESS 99451 OVERSEAS HIGHWAY  
CITY-ST-ZIP KEY LARGO FL 33037 ☐ DELETE

TITLE PD  
NAME WILLIAM J HUGHES  
STREET ADDRESS 330 WHITEHEAD ST  
CITY-ST-ZIP KEY WEST FL 33040 ☐ DELETE

TITLE S  
NAME CONSTANCE D MILLER  
STREET ADDRESS 99451 OVERSEAS HWY  
CITY-ST-ZIP KEY LARGO FL 33037 ☐ DELETE

TITLE D  
NAME DANIEL W TAYLOR  
STREET ADDRESS 99451 OVERSEAS HWY  
CITY-ST-ZIP KEY LARGO FL 33037 ☐ DELETE

TITLE D  
NAME MILLARD J YOUNKERS JR  
STREET ADDRESS 99451 OVERSEAS HWY  
CITY-ST-ZIP KEY LARGO FL 33037 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Constance D. Miller

2/22/99

305-451-4660

CR2E034 (1/98)