$07141999 \hbox{-} 90004 \hbox{-} 007 \hbox{-} \$150.00 \hbox{-} \$150.00$ 



COR	PROFIT PORATION JAL REPORT 1999	FLORIDA DEPARTI Katherine Secretary of BIVISION OF COL	<b>Harris</b> of State		Jul 14, 195 Secretar 07-14-1999 900	y of S	<b>State</b> 150.00	1
1. Corporation	MENT # P970000 DGE PROPERTIES, INC.	053434 🗸 🗸			08-04-1999 900	03 034 ***	400.00	
ļ								
Principal Place of Business Mailing Address					A (BBIIRM) WA (BRI) (BBII ARIII ARIIII ARIII ARI	idi Bilah circi Arası	i collo <b>graf</b> ( <del>a o</del> ·	
474 HARBOR DR S INDIAN ROCKS BCH FL 33785 US		474 HARBOR DR S INDIAN ROCKS BCH FL 33785 US		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified				
					06/16/1997			
	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3454444	\$8.75	1 Applicable		
22		271			5. Certificate of Status Desired	Fee Re		
City & Stat	City & State			_=	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added		
Zip	Zip Country Zip C			ý	8. This corporation owes the current year		D.	
24	25	29 30	<u> </u>	_	Personal Property Tax.  10. Name and Address of New Register	☐ Yes	□No	
ļ	9. Name and Address of Current	Registered Agent	8.	Name	10. Name and Advisor of New Augustin			
BROIDA, JOEL D				Street /	Address (P.O. Box Number is Not Acceptable)			
605-75TH AVE. St. Pete Beach Fl. 33708			L			<del></del>		
31.1	TETE BEAUTI FE 33/00		83	5				
}			8	1 1	F			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	re-named o	corporation submits this statement for the purpose	of changing its	registered gistered	
office of r agent. I a	egistered agent, or both, in the State of the obligation of the ob	ons of, Section 607.0505, Florida	Statute	s.	corporation submits this statement for the purpose pration's board of directors. I hereby accept the ap-			
SIGNATURE	Signature, typed or printed name of registered agent	and title of applicable (NOTE: Re	distant Ao	en enutangia	equired when reinstating) DATE		—— <u> </u>	;
12.			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		Š
₩/E	D CONTRACTOR OF CONTRACTOR	☐ DELETE	1.1 TITLE			☐ Change	Addition	:
NAME	TALLMADGE, SHEFIK R 474 HARBOR DRIVE S		1.2 NAME 1.3 STREET ADDRESS					ξ
STREET ADDRESS	INDIAN ROCKS BCH FL 33785		1.4 CITY-ST-ZIP					ć
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition	į
NAME	TALLMADGE, KATHLEEN A		22 NAME					
STREET ADDRESS	474 HARBOR DRIVE S			T ADDRESS		•	Į.	
TITLE	INDIAN ROCKS BCH FL 33785	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE			Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS	•		3.3 STREE	ET ADORESS			i	
CITY-ST-ZIP	· · — ·		3.4. CITY-			Change	Addition .	
TITLE		DELETE	41 TITLE 4.2 NAME					
NAME STREET ADDRESS		•	4.3 STREET ADDRESS					
STREET ADDRESS			4.4 CITY-					
TITLE		DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME 5.3 STREET ADDRE				}	
STREET ADORESS			5.4 CITY-		,			
CTY-ST-ZEP		☐ DELETE	6.1 TITLE			Change	Addition	
NAME		1	62 NAME	1			1	
STREET ADDRESS			•	ET ADDRESS				
SHIPE HOUNES	the state of the second st		BACTY					

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 suppliemental 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 60 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

Description of the 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 in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the

SIGNAG OFFICER OR DIRECTOR

Tallmadge Properties, Fr.c. 474 Harbor Drive South
Indian Rocks Beach, Fc. 33785

Shefik R. Tallmadge, President 474 Harborbers. TRBFL 33785

Kathi Talimadge Sec/Thes. 474 HDS IRB FL 33785

FEIN 59-3454444

Code Class

Gas Stations, Conv. Stores, Auto Repair

dba Shefs Shell#2 Shef's Sheel#4