

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

DOCUMENT # P98000013074

1. Corporation Name

TENTH AND FARGO CORPORATION

Principal Place of Business  
2152 14TH CIRCLE NORTH  
ST. PETERSBURG FL 33713

Mailing Address  
2152 14TH CIRCLE NORTH  
ST. PETERSBURG FL 33713

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90096 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1998

4. FEI Number

59-3492855

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

9. Name and Address of Current Registered Agent

HINES, J. BRADFORD  
9800 FOURTH ST. NORTH  
STE. 403  
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name  
Clark H. Scherer, III  
82 Street Address (P.O. Box Number is Not Acceptable)  
2152 14th Circle North  
83  
84 City  
St. Petersburg FL 85 Zip Code  
33713

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

1-4-99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
D  
NAME  
SCHERER, CLARK H III  
STREET ADDRESS  
2152 14TH CIRCLE NORTH  
CITY-ST-ZIP  
ST. PETERSBURG FL 33713

☐ DELETE

TITLE  
D  
NAME  
SERTICH, LARRY  
STREET ADDRESS  
2854 JOHNSON FERRY ROAD, STE. 150  
CITY-ST-ZIP  
MARIETTA GA 30062

☐ DELETE

TITLE  
D  
NAME  
TUCKER AGUIRRE, FRED C  
STREET ADDRESS  
2854 JOHNSON FERRY ROAD, STE. 150  
CITY-ST-ZIP  
MARIETTA GA 30062

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

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

☒ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
131 Roswell Street, Suite B-1  
Alpharetta, GA 30004

☒ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
131 Roswell Street, Suite B-1  
Alpharetta, GA 30004

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-99 813 321811

CR2E034 (11/98)