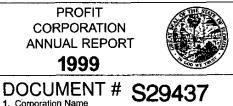
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

TANK MANAGEMENT, INC.

1. Corporation Name



DIVISION OF CORPORATIONS

## FILED Apr 21, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State 04-21-1999 90180 012 \*\*\*150.00

Principal Place of Business Mailing Address					<del></del>	- E INDEIDIN ILE EINEN INIIL GENNN II	()) 1081 <b>010</b> 14 0	1811 BISH STALL		
912 - 76TH ST. N.W. BRADENTON FL 34209 US		912 - 76TH ST. N.W. Bradenton Fl. 34209 US			DO NOT WE	TE IN THIS	SPACE			
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				7	
						02/04/1991				1
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	_	A	pplied For	1
21		26				65-0244055		N	ot Applicable	]
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	1
22		27				3. Certificate of Claus Bosilea		Fee R	lequired	1
City & State		City & State				6. Election Campaign Financing		•	May Be	{
23		28				Trust Fund Contribution			to Fees	-
Zip	Country	Zip	Cou 10	muy		<ol> <li>This corporation owes the currence Personal Property Tax.</li> </ol>	ent year int	tangible Yes	□No	
24	9. Name and Address of Curren	<del>,</del>	50	Γ		10. Name and Address of New I	Registered			1
	5. Name and Address of Curren	t registered Agent		81	Name					1
KRO	Nemann Judith D			02	Chront Addrs	on (D.O. Roy Number is Not Assent	abla)			-
912 76TH ST N.W.				82	Street Addre	ss (P.O. Box Number is Not Accept	able)			1
Brai	DENTON FL 34209			83						1
	•			84	City			85 Zip	Code	-{
				1 1	-		FL	• 1 T L		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	nonzec	a by th	named corpo ne corporation	ration submits this statement for the 's board of directors. I hereby acce	purpose of pt the appoi	changing its intment as re	s registered egistered	
SIGNATURE										1
	Signature, typed or printed name of registered ager		<u> </u>	Agent s	signature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIRECT	ORS IN 12	1 8
12. -TITLE	DP OFFICERS AN	D DIRECTORS	13.	TLE		ADDITIONS/GITANGES TO GE	TIOERO A	Change		1
NAME	Kronemann, Trevor	<b>—</b>	1.2 NAME 1.3 STRE							3
STREET ADDRESS	912 76TH ST NW				DDRESS					6
CITY-ST-ZIP	BRADENTON FL			ITY-ST-						5
TITLE	ST	DELETE	2.1 T					☐ Change	Addition	7
NAME	Kronemann, Judith D		2.2 N	AME						
STREET ADDRESS			2.3 57	TREETA	DORESS					
CITY-ST-ZIP	BRADENTON FL		2.4 C	2, 4 CITY-ST-ZIP						_
TITLE		DELETE	3.1 Tï	TLE.		• • • • •		. Change	☐ Addition	{
NAME			3.2 N							
STREET ADDRESS		1			ODRESS					
C/TY-ST-ZIP			_	TY-ST-	ZIP			Change	e	┨
TITLE		☐ DELETE	DELETE 4.1 π1					□ cuange		}
NAME										1
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			4.3 STREET ADORESS 4.4 CITY-ST-ZIP						
CITY-ST-ZIP	*	DELETE	4.4 CI		ZIP			Change	Addition	,
TITLE			5.1 N		}				<del>-</del>	}
NAME STREET ADDRESS					DDRESS					
			1	ITY-ST-	ì					1
CITY-\$T-ZIP	<del></del>	DELETE	6.1 TI					Change	Addition	1
NAME		_	6.2 N	AME						ĺ
STREET ADDRESS			6351	TREET A	DDRESS					
CITY-ST-ZIP			6.4 Cf	fTY-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: