FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S49038 (0)

1. Corporation Name
TARTAN INVESTMENT GROUP INC

Principal Place of Business
LOYAL ORDER OF THE MOOSE
27590 DISSTON STREET
PUNTA GORDA FL 33950
US

Mailing Address
~~3615 SLEEPY HOLLOW LANE~~
~~PUNTA GORDA FL 33982~~
~~US~~

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. BOX 512009
Suite, Apt #, etc.
27
City & State
28 PUNTA GORDA, FL
Zip 29 33951 County 30 CHARLOTTE

3. Date Incorporated or Qualified: 04/29/1991
3a. Date of Last Report: 04/11/1995
4. FEI Number: NOT APPLICABLE — ☐ 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

9. Name and Address of Current Registered Agent
~~FREDERIC R. NOLTE, SR.~~
~~1438 VIRGINIA DRIVE~~
~~PUNTA GORDA FL 33950~~

10. Name and Address of New Registered Agent
81 Name: CHARLES T. DANIEL, JR
82 Street Address (P.O. Box Number is Not Acceptable): 330 CLUSIA ROSEA ST.
83
84 City: PUNTA GORDA — FL — 85 Zip Code: 33955

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] (CHARLES T. DANIEL, JR) — 4-17-96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	WESSEL, RICHARD E	
STREET ADDRESS	3615 SLEEPY HOLLOW LANE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VP	☐ DELETE
NAME	GRAHAM, DARWIN	
STREET ADDRESS	3622 VASCO ST.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	T	☑ DELETE
NAME	KING, WILLIAM J	
STREET ADDRESS	P.O. BOX 512391 N/A	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	S	☐ DELETE
NAME	WARRAM, VIRGINIA	
STREET ADDRESS	6215 RIVERSIDE DR.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	☐ Change ☑ Addition
3.2 NAME	CHARLES T. DANIEL, JR	
3.3 STREET ADDRESS	330 CLUSIA ROSEA ST	
3.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] — 4-17-96 — 941-639-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARLES T. DANIEL, JR