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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$49038

(0)

TARTAN INVESTMENT GROUP INC

**FILED** May 12 1997 8:00am Secretary of State

Principa: Place of Business Mailing Address				NAIL MEBEL BIB.				
LOYAL ORDER OF THE MOOSE		P.O. BOX 512009	1 2000					
27590 DISSTON PUNTA GORDA I		PUNTA GORDA FL 3395 US	1-2009					
US		00			3. Date Incorporated or Qualified 04/29/1991		e of Last F 1/1996	Report
2. Principal Pl. 21	ace of Business	2a. Mailing Address		#14LP171#14-7-14-01-14L-U	4. FEI Number NOT APPLICABLE		<u> </u>	pplied For ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75	Additional equired
22		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be		
23	28			Trust Fund Contribution			to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	intangible t	ax under s	s. 199.032,
24	25	29	30		Florida Statutes	Yes 🛚	No	
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Re	gistered A	gent	
	RLES T. DANIEL JR.			81 Name				
330 CLUSIA ROSEA STREET			82 Stree	t Address (P.O. Box Number is Not Acceptal	Address (P.O. Box Number is Not Acceptable)			
PUNT	'A GORDA FL 33955							
				83				
				84 City			<b>85</b> Zip	Code
						FL		
11. Pursuant to office or re	o the provisions of Sections 607.0 egistered eigent, or both, in the Sta	0502 and 607.1508, Florida Sta ate of Florida. Such change wa	itutes, the ai as authorize	cove-name d by the co	d corporation submits this statement for the proparation's board of directors. I hereby accept	ourpose of o	changing i intment as	its registered s registered
agent. Lar	n familiar with and accept the ob-	ligations of, Section 607.0505.	Florida Stat	utes.	0.00			•
SIGNATURE	Charles J. Dann	PX - C.T. DAN	IELAK	- TRE	ASURER APRIL APRIL (	17,19	97	
12.	Stignature Typed or printed care of registered	AND DIRECTORS	NOTE Registere	Agent signatu	ie required when reinstating)  ADDITIONS/CHANGES TO OFFICE			DC IN 12
TIFLE	P	DELETE	1.1.10	fi E	T ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME	WESSEL, RICHARD E	· Detere	1.2 N/			·	Onungo	L. NOOMON
	3615 SLEEPY HOLLOW LAN	Ē		reet address				
Griff ( Figure 3x)	PUNTA GORDA FL	_						
CHY-ST-7IF	VP	<b>▼</b> DELETE	1.4 U	TY-ST-ZIP	·   νρ		Change	Addition
NAME	GRAHAM, DARWIN	AT presid	2.2 N/		KING WILLAM J.			
	3622 VASCO ST.		4	reet address	KING, WILLIAM J. WOLDEN SIZZAN 4300 PUNTA GORDA, FL 3395	RIVERSI	be DR	#6
OTHER PROPERTY.	PUNTA GORDA FL			neet rouness ITY-ST-ZIP	PULLER GOODA FL 3395	7		
TULL	T	DELETE	3.1 Ti		MANN -100011, 1 = 0018		Change	Addition
NAME:	DANIEL, CHARLES T. JR.	had a total a	3.2 N			•		
STREET ADDRESS	330 CLUSIA ROSEA ST.			reet address				
City St-7P	PUNTA GORDA FL			nelli address ITY-ST-ZIP				
THUE	\$	DELETE	4 1 TI	<del></del>			Change	Addition
NAME	WARRAM, VIRGINIA	☐ DELETE			•			
	TINGUNA, TINGUNA	רו הנונוני.		AMF				
CIRCLI ATTICKESS I	•	C DETELE	4. 2 N					
011411111111111111111111111111111111111	6215 RIVERSIDE DR.	L DELETE	4. 2 N 4.3 ST	REET ADDRESS				
CHY-SI-ZIP	•	_	4, 2 N 4,3 ST 4 4 CI	REET ADDRESS Ty-st-zip			Change	Addition
CHY-ST-ZIP T:TLF	6215 RIVERSIDE DR.	DELETE	4. 2 N 4.3 ST 4 4 Ci 5.1 Ti	REET ADDRESS TY-ST-ZIP TLE			Change	Addition
CITY-ST-ZIP T:TLF NAME	6215 RIVERSIDE DR.	_	4. 2 N 4.3 ST 44 Ci 5.1 Ti 5.2 N	REET ADDRESS TY-ST-ZIP TLE AME			Change	Addition
CHY-ST-ZIP THEF NAME STREET ADDRESS	6215 RIVERSIDE DR.	_	4. 2 N 4.3 SI 4.4 CI 5.1 TI 5.2 NJ 5.3 SI	REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS			Change	Addition
CHY-SI-ZIP TILE NAME STREET ADDRESS CHY-SI-Zii	6215 RIVERSIDE DR.	☐ DELETE	4 2 N 43 SI 44 CI 51 TI 52 N 53 SI 54 CI	REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP				
CITY-ST-7/P T-TLE NAME STREET ADDRESS CITY-ST-7/P T-TLE	6215 RIVERSIDE DR.	_	4 2 N 43 S1 44 Ci 51 Ti 52 N 53 S1 54 Ci 61 Ti	REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE			Change	☐ Addition
CITY-ST-ZIP T-TLE NAME STREET ADDRESS CITY-ST-ZIP T-TLE NAME	6215 RIVERSIDE DR.	☐ DELETE	4.2 N 4.3 SI 4.4 GI 5.1 TI 5.2 N 5.3 SI 5.4 CI 6.1 TI 6.2 N	REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME				
CITY-ST-ZIP T-TLE NAME STREET ADDRESS CITY-ST-ZIP T-TLE NAME STREET ADDRESS	6215 RIVERSIDE DR.	☐ DELETE	4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N 5.3 SI 5.4 CI 6.1 TI 6.2 N 6.3 SI	REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS				
CHY-ST-ZIP THEF NAME STREET ADDRESS CHY-ST-ZiP THEF NAME STREET ADDRESS CHY-ST-ZIP	6215 RIVERSIDE DR. PUNTA GORDA FL	☐ DELETE	4.2 N 4.3 SI 4.4 GI 5.1 TI 5.2 N 5.3 SI 5.4 CI 6.1 TI 6.2 N 6.3 SI 6.4 GI	REET ADDRESS TY-ST-ZIP TLE MEET ADDRESS TY-ST-ZIP TLE MME MEET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS			Change	☐ Addition

The increase comparison to entermine supplies with this limit does not quality for the exemption stated in Section 119.0 (3)(i), Florida Statules. 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an approximation.

**SIGNATURE:** 

APRIL 17, 1997

941-639-3888