

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90047 043 \*\*\*150.00

**DOCUMENT # S49038**

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  
**P.O. BOX 512009  
PUNTA GORDA FL 33951  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/29/1991**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHARLES T. DANIEL JR.  
330 CLUSIA ROSEA STREET  
PUNTA GORDA FL 33955**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **WESSEL, RICHARD E**  
STREET ADDRESS **3615 SLEEPY HOLLOW LANE**  
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **VP** ☐ DELETE

NAME **KING, WILLIAM J**  
STREET ADDRESS **4300 RIVERSIDE DR #6**  
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **T** ☐ DELETE

NAME **DANIEL, CHARLES T. JR.**  
STREET ADDRESS **330 CLUSIA ROSEA ST.**  
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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-20-99**

**941-639-3888**

CR2E034 (11/98)