FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S49844** **(1)**

1. Corporation Name
TARPON ARCADE CORPORATION

Principal Place of Business	Mailing Address
1165 ELDRIDGE ST ~~SUITE 301~~ CLEARWATER FL 34615 US	1165 ELDRIDGE ST ~~SUITE 301~~ CLEARWATER FL 34615 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/03/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1165 ELDRIDGE ST
22 Suite, Apt. #, etc.
23 City & State: CLEARWATER FL
24 Zip: 34615 25 Country: USA

2a. Mailing Address
26 1165 ELDRIDGE ST
27 Suite, Apt. #, etc.
28 City & State: CLEARWATER FL
29 Zip: 34615 30 Country: USA

4. FEI Number: 59-3073676 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BLAESER, JOHN A
1165 ELDRIDGE ST
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	11 TITLE		☐ Change ☐ Addition
NAME	BLAESER, JAMES A.	12 NAME		
STREET ADDRESS	1165 ELDRIDGE ST	13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP		
TITLE	DP	21 TITLE		☒ Change ☐ Addition
NAME	BLAESER, ELLEN H.	22 NAME	BLAESER, ELLEN H.	DELETE
STREET ADDRESS	1165 ELDRIDGE ST	23 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP		
TITLE	VS	31 TITLE		☒ Change ☐ Addition
NAME	JONES, H. C.	32 NAME	JONES, H.C.	DELETE
STREET ADDRESS	1165 ELDRIDGE ST	33 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP		
TITLE	VST	41 TITLE		☐ Change ☐ Addition
NAME	DEVINE, DAVID W.	42 NAME		
STREET ADDRESS	1165 ELDRIDGE ST	43 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP		
TITLE	P	51 TITLE		☐ Change ☐ Addition
NAME	BLAESER, JOHN A.	52 NAME		
STREET ADDRESS	1165 ELDRIDGE ST	53 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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.

SIGNATURE: John Blaeser 4/13/95 813/461-6197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0346020 CF