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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90112 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V40410

1. Corporation Name
TARBRU CORP.

Principal Place of Business
728 S WOODLAND BLVD
DELAND FL 32720
US

Mailing Address
728 S WOODLAND BLVD
DELAND FL 32720
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 728 S WOODLAND BLVD Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 32720 US		2a. Mailing Address 26 728 S WOODLAND BLVD Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 32720 US		3. Date Incorporated or Qualified 05/29/1992	
4. FEI Number 59-3125372		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent TARR, ROBERT D. 349 EAST HWY. 434 LONGWOOD FL 32750			10. Name and Address of New Registered Agent 81 Name TARR ROBERT D 82 Street Address (P.O. Box Number is Not Acceptable) 728 S WOODLAND BLVD 83 DELAND FL 84 City FL 85 Zip Code 32720		

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 *Robert D. Tarr* *President*
 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 <input type="checkbox"/> DELETE NAME TARR, ROBERT D. STREET ADDRESS 123 WAGON WHEEL WAY CITY-ST-ZIP LAKE MARY FL	1.1 TITLE UP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME CHARLTON WILLIAM S 1.3 STREET ADDRESS 5333 CYPRESS RESERVE PL 1.4 CITY-ST-ZIP WINTER PARK FL 32792	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-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: *Robert D. Tarr* *President* **904 734 8000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)