


FILED
Jun 22, 1999 8:00 am
Secretary of State

06-22-1999 90004 033 ***150.00
 07-15-1999 90021 010 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M96344
 1. Corporation Name
T.B. OF STARKE, INC.



Principal Place of Business: 808 S WALNUT STARKE FL 32091
 Mailing Address: 1917 S FIRST STREET LAKE CITY FL 32025 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country: 24 25
 2a. Mailing Address: 26 1524 Commerce Blvd.
 27 Suite, Apt. #, etc.
 28 City & State: Lake City, FL
 29 Zip Country: 30 32025 USA
 3. Date Incorporated or Qualified: 08/29/1988
 4. FEI Number: 59-2907368 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

9. Name and Address of Current Registered Agent: MOSES, MICHAEL C. 1917 S. FIRST STREET LAKE CITY FL 32025
 10. Name and Address of New Registered Agent: 81 Name: [Blank] 82 Street Address (P.O. Box Number is Not Acceptable): 1524 Commerce Blvd. 83 [Blank] 84 City: Lake City FL 85 Zip Code: 32025

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] DATE: 6/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P <input type="checkbox"/> DELETE	NAME: MOSES, MICHAEL	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1917 S FIRST STREET	CITY-ST-ZIP: LAKE CITY FL	1.2 NAME:	
		1.3 STREET ADDRESS: 1524 Commerce Blvd.	
		1.4 CITY-ST-ZIP: Lake City, FL 32025	
TITLE: V <input type="checkbox"/> DELETE	NAME: SMITH, STEPHEN A.	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 101 EAST MADISON ST	CITY-ST-ZIP: LAKE CITY FL	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: S <input type="checkbox"/> DELETE	NAME: MOSES, PHILIP J., JR.	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1421 S FIRST ST	CITY-ST-ZIP: LAKE CITY FL	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		6.4 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Signature] DATE: 6/15/99 DAYTIME PHONE #: 904-755-9673

CR2E034 (1/198)