2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 333337

1. Entity Name
TERVIS TUMBLER COMPANY

FILED
04 OCT 28 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10252004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
928 SOUTH TAMIAMI TRAIL P.O. BOX 917 OSPREY, FL 34229	928 SOUTH TAMIAMI TRAIL P.O. BOX 917 OSPREY, FL 34229

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1214892 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DONELLY, NORBERT 471 WEBB'S COVE OSPREY, FL 34229	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DONELLY, NORBERT 471 WEBB'S COVE OSPREY, FL 34229	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Donelly, Norbert P. 471 Webb's Cove Osprey, FL 34229	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONELLY, ANN W 471 WEBB'S COVE OSPREY, FL 34229	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARKE, TIM 333 N. ORANGE AVE. SARASOTA, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIXON, CLYDE 1500 UNIVERSITY PARKWAY SARASOTA, FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SPENCER, LAURA 4969 SOUTHERNWOOD DRIVE SARASOTA, FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000042699320 11/12/04--01065--009 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norbert P. Donelly, President 10/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #