FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name S24268 (2) T & T MANAGEMENT, INC. Principal Place of Business Mailing Address 8479 SABAL ST HOBE SOUND FL 33455 HOBE SOUND FL 33455 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>01/04/1991</u> 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 59-3042618 \$8.75 Additional 5. Certificate of Status Desired LUCIE Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 25 U.S.A. 29 3499 9. Name and Address of Current Registered Agent Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent 81 Name GULLETT, ROBERT H. 7708 S.E. BAY CEDAR CIRCLE Street Address (P.O. Box Number is Not Acceptable) 82 **HOBE SOUND FL 33455 R.3** 84 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE RESIDENT Change Addition TITLE D 1.1 TITLE TISARY. NAME TERRY, MICHELE 2 2 2 2 3 2 3 1.2 NAME ST. LUCIE BLUD. 3075 S.E. STREET ADDRESS 8512 S.E. DRIFTWOOD ST. 1.3 STREET ADDRESS STUART CITY-ST-ZIP HOBE SOUND FL 39455 1.4 CITY - ST- ZIP MCE-PRESIDENT Change DELETE Addition 2.1 TITLE TITLE ARL THOMAS NAME 2.2 NAME ST LUCIE 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change TITLE DELETE 4.1 TITLE ___ Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 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

11.11 00

Block 12 or Block 13 if changed, or on an attachment with a