

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

FILED

Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000095371

1. Corporation Name

T-N-T INDUSTRIAL PARK, INC.

Principal Place of Business

Mailing Address

2071 Dobbs Road
St. Augustine, FL
32086

921 Chippewa St.
St. Augustine, FL
32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/97

4. FEI Number

59-3477844

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21 2071 Dobbs Road

26 921 Chippewa St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 St. Augustine, FL

28 St. Augustine, FL

Zip

Country

Zip

Country

24 32086

25 US

29 32086

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Antoinette Taylor
921 Chippewa St.
St. Augustine, FL 32086

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Antoinette Taylor

Antoinette Taylor, Pres.

2/25/98

(Signature type the printed name of registered agent and board applicable)

(NOT: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME Antoinette Taylor
STREET ADDRESS 921 Chippewa St.
CITY-ST-ZIP St. Augustine, FL 32086

1.1 TITLE P/S/T ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME Ray W. Taylor, Jr.
STREET ADDRESS 921 Chippewa St.
CITY-ST-ZIP St. Augustine, FL 32086

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE D/V ☐ Change ☒ Addition
3.2 NAME Javier Fazio
3.3 STREET ADDRESS 921 Chippewa St.
3.4 CITY-ST-ZIP St. Augustine, FL 32086

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE 400002447024 ☐ Change ☐ Addition
5.2 NAME -03/04/98--01035--034
5.3 STREET ADDRESS ***150.00
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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.

SIGNATURE:

Antoinette Taylor

Antoinette Taylor

2/25/98

(904)797-2200

CR2E034 (10/97)