

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

**FILED**  
**Apr 03 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H56285 (0)**

1. Corporation Name  
**T. D. INDUSTRIES, INC.**



Principal Place of Business <b>P. O. BOX 3128                  JASPER AL 35502</b>	Mailing Address <b>P. O. BOX 3128                  JASPER AL 35502</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/09/1985</b>	
21		26		4. FEI Number <b>63-0899913</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HOMISCO, INCORPORATION I                  222 LAKEVIEW AVE                  SUITE 800                  WEST PALM BEACH FL 33401</b>				81	Name <b>CORPORATION SERVICE COMPANY</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS STREET SUITE 105</b>		
				83			
				84	City <b>TALLAHASSEE</b>	FL	85

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 *Gail Shelby* as agent *Gail Shelby* 3-23-98  
Signature of officer or printed name of registered agent and title if applicable. DATE Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITNICK, J. GEORGE</b>	1.2 NAME	
STREET ADDRESS	<b>1304 COLLEGE HILL RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JASPER AL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENGEL, JOSEPH H.</b>	2.2 NAME	
STREET ADDRESS	<b>301 ENGEL CIRCLE</b>	2.3 STREET ADDRESS	<b>1101 ENGEL CIRCLE</b>
CITY-ST-ZIP	<b>JASPER AL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENGEL, ALAN Z</b>	3.2 NAME	
STREET ADDRESS	<b>3547 KINGSHILL RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BIRMINGHAM FL</b>	3.4 CITY-ST-ZIP	<b>BIRMINGHAM, AL</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 3/11/99

CR2E034 (10/97)