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Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90068 023 ****158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 250938

1. Corporation Name

THE TOBI COMPANY, INC.

Principal Place of Business

10500 UNIVERSITY CENTER DR.
SUITE 143
TAMPA FL 33612

Mailing Address

10500 UNIVERSITY CENTER DR.
SUITE 143
TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1961

4. FEI Number

59-1263852

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

BALLOTTA, PETER C.
4207 CARROLLWOOD VILLAGE DR
TAMPA FL 33624

10. Name and Address of New Registered Agent

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 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.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BALLOTTA, PETER C.
STREET ADDRESS 4207 CARROLLWOOD VILLAGE DR
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE CVD
NAME TOBI, FREDERICK G.
STREET ADDRESS 4805 CULBREATH ISLES WAY
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE VD
NAME TOBI, JOSEPH C.
STREET ADDRESS 12206 WOOD DUCK PLACE
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE DV
NAME WILSON, PETER G.
STREET ADDRESS 18232 CLEAR LAKE DRIVE
CITY-ST-ZIP LUTZ FL

☐ DELETE

TITLE VSTD
NAME BOWMAN, ROSE M
STREET ADDRESS 9633 ORANGE GROVE DR
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE VD
NAME ROGERS, T LIONEL
STREET ADDRESS 28339 OPENFIELD LP
CITY-ST-ZIP WESLEY CHAPLE FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

PLEASE DELETE
TERMINATION 2/6/98

2ND REQUEST
PLEASE DELETE
TERMINATION 6/30/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 28, 1999

Date

Daytime Phone #

CR2E034 (11/98)