

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 360163 (0)

1. Corporation Name

TOMMAR CORP



Principal Place of Business

5759 PLUNKETT ST  
HOLLYWOOD FL 33023

Mailing Address

5759 PLUNKETT ST  
HOLLYWOOD FL 33023

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country  
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

WHIPPLE, KENNETH E  
1719 N 44 AVE  
HOLLYWOOD FL 33021

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

02/25/1970

3a. Date of Last Report

05/12/1995

4. FEI Number

59-1293632

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 has liability for intangible tax under s. 193.032,  
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

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 fee, if applicable

Signature, typed or printed name of new registered agent and fee, if applicable

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS    | CITY - ST - ZIP    | <input type="checkbox"/> DELETE |
|-------|---------------------|-------------------|--------------------|---------------------------------|
| PD    | WHIPPLE, KENNETH    | 1719 N. 44TH AVE  | HOLLYWOOD, FL 0    |                                 |
| D     | WHIPPLE, TIMOTHY    | 2236 TAYLOR ST #8 | HOLLYWOOD FL 33020 |                                 |
| STD   | WHIPPLE, PATRICIA L | 1719 N. 44TH AVE  | HOLLYWOOD, FL 0    |                                 |
|       |                     |                   |                    | <input type="checkbox"/> DELETE |
|       |                     |                   |                    | <input type="checkbox"/> DELETE |
|       |                     |                   |                    | <input type="checkbox"/> DELETE |
|       |                     |                   |                    | <input type="checkbox"/> 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------|---------------------|-------------------------------------------------------------------|
| 2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

954-987-7610

(D.A.)

Register Phone

CR2E034 (12/95)