


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

FILED

Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90001 032 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 366165 1. Corporation Name T.J. STIDHAM, INC.					
Principal Place of Business 2701 AIRPORT RD. PLANT CITY FL 33567		Mailing Address 2701 AIRPORT RD. PLANT CITY FL 33567			
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		3. Date Incorporated or Qualified 06/25/1970 4. FEI Number 59-1350406 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent STIDHAM, T J 3519 WILDER RD. PLANT CITY FL 33565			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	STIDHAM, T J	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		STIDHAM, T J	1.2 NAME		
STREET ADDRESS		3519 WILDER RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP		PLANT CITY FL	1.4 CITY-ST-ZIP		
TITLE	S	STIDHAM, J D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		STIDHAM, J D	2.2 NAME		
STREET ADDRESS		1353 CROSBY LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP		ORANGE PARK FL	2.4 CITY-ST-ZIP		
TITLE	VP	STIDHAM, MELISSA L.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		STIDHAM, MELISSA L.	3.2 NAME		
STREET ADDRESS		3519 WILDER ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP		PLANT CITY FL	3.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99
Date

813-752-4675
Daytime Phone #

CR2E034 (11/98)

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