

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 455666

1. Corporation Name
T & P INVESTMENTS, INC.

Principal Place of Business

11599 E COLONIAL DRIVE
ORLANDO FL 32817-4606

Mailing Address

11599 E COLONIAL DRIVE
ORLANDO FL 32817-4606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1974

4. FEI Number

59-1576293

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.☐ Yes ☒ No

2. Principal Place of Business

21 4703 Kembel Ct

Suite, Apt. #, etc.

22

City & State

23 TAMPA FL

Zip

24 33624

Country

2a. Mailing Address

26 4703 Kembel Ct

Suite, Apt. #, etc.

27

City & State

28 TAMPA FL

Zip

29 33624

Country

9. Name and Address of Current Registered Agent

THOMAS SWEENEY
RT 4 BOX 417 A.
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name

THOMAS SWEENEY

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

4703 Kembel Ct.

83

84 City

TAMPA

FL

85 Zip Code

33624

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	PDS	<input type="checkbox"/> DELETE
NAME	SWEENEY, THOMAS	
STREET ADDRESS	11599 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32817-4606	

TITLE	STDS	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, JEFFREY D	
STREET ADDRESS	11637 ORPINGTON ST.	
CITY-ST-ZIP	ORLANDO FL 32817	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D.S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SWEENEY, THOMAS	
1.3 STREET ADDRESS	4703 Kembel Ct.	
1.4 CITY-ST-ZIP	TAMPA FL. 33624	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: Thomas Sweeney, President 3-02-99 813 968-7150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #