

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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99-1100 22 11 9:22

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
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2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	4. FEI Number
21 4703 Kembel Ct	26 4703 Kembel Ct	06/29/1974	59-1576293
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	Applied For Not Applicable	
23 City & State Tampa FL	28 City & State Tampa FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33624	29 Zip 33624	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

DO NOT WRITE IN THIS SPACE

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
85 Zip Code FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PDS NAME: SWEENEY, THOMAS STREET ADDRESS: 11599 E COLONIAL DR CITY-ST-ZIP: ORLANDO FL 32817-4606 <input type="checkbox"/> DELETE	1.1 TITLE: P.D.S. 1.2 NAME: SWEENEY, THOMAS 1.3 STREET ADDRESS: 4703 Kembel Ct. 1.4 CITY-ST-ZIP: TAMPA FL. 33624 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: STDS NAME: MARTIN, JEFFREY D STREET ADDRESS: 11637 ORPINGTON ST. CITY-ST-ZIP: ORLANDO FL 32817 <input checked="" type="checkbox"/> DELETE	2.1 TITLE: _____ 2.2 NAME: _____ 2.3 STREET ADDRESS: _____ 2.4 CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> DELETE	3.1 TITLE: _____ 3.2 NAME: _____ 3.3 STREET ADDRESS: _____ 3.4 CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> DELETE	4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> DELETE	5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		

CR2E034 (11/98)

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 *Thomas Sweeney* 3/27/99 813 968-7150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #