

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 # 461367 (5)

1. Corporation Name
TOFIEL, INC.



Principal Place of Business

6201 JOHNS ROAD STE 3
TAMPA FL 33634

Mailing Address

6201 JOHNS ROAD STE 3
TAMPA FL 33634

3. Date Incorporated or Qualified
09/18/1974

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEEGAN, JAMES T
6201 JOHNS ROAD STE #3
TAMPA FL 33634

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 filer (if applicable)

(NOTE: Registered Agent's signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KEEGAN, ELIZABETH	
STREET ADDRESS	13516 AVISTA DRIVE	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	KEEGAN, JAMES T	
STREET ADDRESS	13516 AVISTA DRIVE	
CITY-ST-ZIP	TAMPA, FL 33624	
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		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KEEGAN, JAMES T.	
2.3 STREET ADDRESS	13516 AVISTA DRIVE	
2.4 CITY-ST-ZIP	TAMPA, FL 33624	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FRED REED	
3.3 STREET ADDRESS	11205 MIST MOOR COURT	
3.4 CITY-ST-ZIP	RIVERVIEW, FL 33569	
4.1 TITLE	D/VPTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROBERT DOHERTY	
4.3 STREET ADDRESS	2716 CRESTFIELD DRIVE	
4.4 CITY-ST-ZIP	VALRICO FL 33549	
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 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

4-26-96

813-884-3249

Date

Daytime Phone #

CR2E034 (12/95)