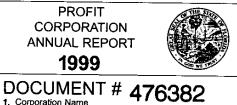
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name C T P, INC.



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 19, 1999 8:00am **Katherine Harris Secretary of State**

02-19-1999 90019 042 ***150.00



Principal Pla 245 EAST ADA JACKSONVILLE US	·····	Mailing Address 245 EAST ADAMS JACKSONVILLE FL 32202 US		DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed	HIS SPACE	
					.05/16/1975		
2. Principal I	Place of Business	2a. Mailing Address		·	4. FEI Number		pplied For
21 26					59-1612726	├ 	lot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				Additional ,
22 27 27					5. Certifcate of Status Desired		lequired
City & State		City & State		6, Election Campaign Financing	\$5.00	May Be	
		28	7:-		Trust Fund Contribution		to Fees
24			Country		8. This corporation owes the current year	r Intangible	
24	25 9. Name and Address of Curr	29	30		Personal Property Tax.	☐ Yes	□No
<u> </u>	5. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Registe	red Agent	
ORT	EGA, DEBORAH		[*1]	Name	•		
245 E ADAMS ST			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32202							
			83				
			84	City		- 85 Zip	Code
11 Pursuant	to the provisions of Sections 607 Of	502 and 607 4500 First Otto				- '	
office or r	egistered agent, or both, in the Stat	e of Florida. Such change was au	s, the above thorized by t	-named corpo he corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its	registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flori	da Statutés.		and appeared to the control of the appeared to	positificiti as re	gistered
SIGNATURE	Signature, typed or printed name of registered ag				<u> </u>		
12.		ND DIRECTORS	13.	signature required	d when reinstating) DATE		
TITLE	P	☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS		
NAME	ORTEGA, DEBORAH		1.2 NAME			☐ Change	☐ Addition
STREET ADDRESS	015 5 15 1110 00			PPP500			
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.3 STREET A				
TITLE	V	☐ DELETE	1.4 CITY- ST- 2.1 TITLE	ZIP			
NAME	LONG, JAMES			1		☐ Change	☐ Addition
STREET ADDRESS	245 E ADAMS ST		2.2 NAME				
CITY-ST-ZIP	JACKSONVILLE FL		2.3 STREET A	ĺ	•		í
TITLE	S	☐ DELETE	2. 4 CITY-ST- 3.1 TITLE	ZIP			
NAME	BALDWIN, KEVIN					☐ Change	☐ Addition
STREET ADDRESS	245 E ADAMS ST		3.2 NAME				
CITY-ST-ZIP	JACKSONVILLE FL		3.3 STREET A				
TITLE	O TO TO THE LET !	☐ DELETE	3.4. CITY-ST- 4.1 TITLE	ZIP			
NAME		- Detter	4.1 HILE			Change	☐ Addition
STREET ADDRESS							
CITY-ST-ZIP			4.3 STREET A		•		ړ
TITLE		☐ DELETE	4.4 C/TY+ST-2	(IP			
NAME			5.1 TITLE 5.2 NAME			☐ Change	☐ Addition
STREET ADDRESS			5.3 STREET A	nnocce			
CITY-ST-ZIP			5.4 CITY-ST-2				
ITTLE		☐ DELETE	6.1 TITLE				
VAME			6.2 NAME			☐ Change	☐ Addition
TREET ADDRESS			6.3 STREET AL	nnpeee			{
TY-ST-ZIP			i				İ
1 1 1 1 1 1 1 1 1			6.4 CITY-ST-Z	r			

Li 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.