

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90132 032 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 483958**

1. Corporation Name

**TAR-OFF DISTRIBUTORS, INC.**



Principal Place of Business

2722 NORMAN DRIVE  
WEST PALM FL 33409  
US

Mailing Address

TAR-OFF DISTRIBUTORS, INC.  
2722 NORMAN DRIVE  
WEST PALM BCH FL 33409  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/05/1975**

4. FEI Number

**59-1652313**

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **5806 Buccaneer Trail**

26 **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **WPB FL 33409**

27 **33417**

23 **33417** **Palm Bch**

28 **33417**

24 **33417** **Palm Bch**

29 **33417**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, STEVE  
2722 NORMAN DR.  
WEST PALM BEACH FL 33409

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, STEVE	1.2 NAME	<b>MITCHELL STEVE</b>
STREET ADDRESS	2722 NORMAN DR	1.3 STREET ADDRESS	<b>5806 Buccaneer Trail</b>
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	<b>WPB FL 33417</b>
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL BRENDA,	2.2 NAME	
STREET ADDRESS	15185 88TH PLACE N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEZ FL 33470	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIN, MAUREEN,	3.2 NAME	
STREET ADDRESS	19874 JAMINE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33458	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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**

Date

Daytime Phone #

CR2E034 (11/98)