

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

FILED
May 07 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 632283 (8)

1. Corporation Name
T. P. SALES, INC.

Principal Place of Business
125 1ST CT.
KEY LARGO FL 33037

Mailing Address
125 1ST CT.
KEY LARGO FL 33037-2804



2. Principal Place of Business
21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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| 3. Date Incorporated or Qualified 08/08/1979 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-1999592 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

PEEK, THOMAS H.

125 1ST CT

KEY LARGO FL 33037

10. Name and Address of New Registered Agent

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 and am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE *Thomas H. PEEK* DATE 4-29-97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition

NAME PEEK, THOMAS H. 1.2 NAME

STREET ADDRESS 125 1ST CT 1.3 STREET ADDRESS

CITY-ST-ZIP KEY LARGO FL 1.4 CITY-ST-ZIP

TITLE ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition

NAME 2.2 NAME

STREET ADDRESS 2.3 STREET ADDRESS

CITY-ST-ZIP 2.4 CITY-ST-ZIP

TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition

NAME 3.2 NAME

STREET ADDRESS 3.3 STREET ADDRESS

CITY-ST-ZIP 3.4 CITY-ST-ZIP

TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP 4.4 CITY-ST-ZIP

TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition

NAME 5.2 NAME

STREET ADDRESS 5.3 STREET ADDRESS

CITY-ST-ZIP 5.4 CITY-ST-ZIP

TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition

NAME 6.2 NAME

STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE *Thomas H. PEEK* DATE 4-29-97 305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4539840

Daytime Phone #

CR2E034 (9/96)