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Apr 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 657085 (7)  
1. Corporation Name  
T-CON, INC.



Principal Place of Business Mailing Address  
% JAMES TAMPLIN % JAMES TAMPLIN  
4808 NORTH HALE AVENUE 4808 NORTH HALE AVENUE  
TAMPA FL 33614 TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State
23 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 02/25/1980	
4. FEI Number 59-1986157	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TAMPLIN, JAMES 4808 NORTH HALE AVENUE TAMPA FL		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT
NAME	TAMPLIN, JAMES	1.2 NAME	HARRY WHITTEN
STREET ADDRESS	4808 N HALE AVENUE	1.3 STREET ADDRESS	1028 WILDOOSE DR
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	LUTZ, FL 33549
TITLE	S	2.1 TITLE	SECRETARY/ASST. TREASURER
NAME	LEWIS, BETTY M.	2.2 NAME	LISA G. TAMPLIN
STREET ADDRESS	8208 WOODGATE COURT	2.3 STREET ADDRESS	6927 WILLIAMS DR.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33634
TITLE		3.1 TITLE	TREASURER/ASST. SECRETARY
NAME		3.2 NAME	CHARLENE K. JOHNSON
STREET ADDRESS		3.3 STREET ADDRESS	7 TRADE WINDS CIR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: *Harry V. Whitten* PRES. HARRY V. WHITTEN 4/4/98 (813) 875-0428

CR2E034 (10/97)