

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 688213

(8)

1. Corporation Name

T & T CONTRACTOR, INC.



Principal Place of Business

Mailing Address

700 S VISION TERR
PALM BEACH GARDENS FL 33418
US

700 D VISION TERRACE
PALM BEACH GARDENS FL 33418
US

2. Principal Place of Business

2a. Mailing Address

21 6021 EDGEWATER

26 P.O. Box 33273

State, Apt. #, etc.

State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 PALM BEACH GARDENS

Zip

Country

24

25

29 33420

30

P. BEACH

9. Name and Address of Current Registered Agent

CHIDO, LOUIS JOHN
~~700 S VISION TERRACE~~
LAKE PARK, FL
PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified

09/18/1980

3a. Date of Last Report

06/14/1995

4. FEI Number

59-2015972

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 has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

JOHN CHIDO

82 Street Address (P.O. Box Number is Not Acceptable)

6021 EDGEWATER CT. OR P.O. Box 33273

83

84

City

PALM BEACH GARDENS FL

85

Zip Code

33410

11. Pursuant to the provisions of Sections 607.0505 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 of person authorized to file this report

Signature of Agent or person authorized to accept service of process

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

CHIDO, LOUIS JOHN

STREET ADDRESS

~~700 S VISION TERRACE~~

CITY-STATE-ZIP

PALM BEACH GARDENS FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 as an attachment with an address.

SIGNATURE:

Louis John Chido
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

1-407-622-3442

DATE

PHONE NUMBER

CR2E034 (12/95)