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

**PROFIT CORPORATION** ANNUAL REPORT

1999

TO-JAC'S, INC.

DOCUMENT # 694927

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90057 015 \*\*\*150.00

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152082 N. LINCOLN				152082 N. LINCOLN							*	
TAMPA FL 33614			, TA	TAMPA FL 33614				DO NOT WRITE IN THIS SPACE				
							•	3. Date Incorporated or Quali 07/16/1981	fed			
9 District	olana of Dunia		20	Mailing Address			<del></del>	4. FEI Number			Applied For	
2. Principal Place of Business			<u> </u>	<b>⊢</b> ,						- ' '		
<u> </u>				26			59-2109457			Not Applicable		
Suite, Apt.	. #, etc		متصينة إند سيسيد يعد	-Suite, Apt#, etc				5. Certifcate of Status Desired			*Additional ***	
22			27					GI Continuate of Grands 2 control		Fee	Required	
City & State				City & State				6. Election Campaign Financi	ng 🖂	\$5.0	May Be	
23			28	28				Trust Fund Contribution	- Ц	Adde	d to Fees	
Zip		Country		Zip	(	Country		8. This corporation owes the	current year Inta	naible		
<b>—</b>		25	29	-•	30	•		Personal Property Tax.		Yes	□No	
24	0 N	and Address of Cu		tored Agent	30			10. Name and Address of Ne	w Registered A	nent		
	9. Name	and Address of Cu		tereu Agent		81	Name	10. Name and Address of Ne	W Megistered &	.90	···	
BAC	CADELLA					"	Name		*	•		
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						84	City		FI	85 Zi	p Code	
1983 1 1 1 5 3	NI II	,	0000 4 0	07 4500 Florido Statu	طة معة			poration submits this statement for		hanging i	te registered	
office or	registered an	ent or both in the St	tate of Florid	ta. Such change was a	authori	ized by	the corporat	ion's board of directors. I hereby a	cept the appoin	tment as	registered	
agent. I a	am familiar wi	th, and accept the of	bligations of	Section 607.0505, Fl	orida S	Statutes		,			- [	
							•					
CICMATIBE		*									,	
SIGNATURE	Signature, typed	or printed name of registered	d agent and title	if applicable. (NOT	E: Regist	tered Agen	t signature requir	ed wheл reinstating)	DATE	****		
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	Signature, typed				Ì		t signature requir	ADDITIONS/CHANGES TO		DIRECT		
12.	Signature, typed	OFFICERS		CTORS	1	13.	t signature requir					
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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.

6.3 STREET ADDRESS

STREET ADDRESS