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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Søcretary of State .
DIVISION OF CORPORATIONS

1997
DOCUMENT # 696672

(5)

T.L.B. SUPPLY, INC.

1,

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Apr 16 1997 8:00am

Secretary of State

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Principal Place			Mailing Address							
405 E TERR DRIVE P O BOX M-M			405 É TERR DRIVE P O BOX M·M							
PLANT CITY FL 33565-9020			PLANT CITY FL 33565-9020				3. Date Incorporated or Qualified   3a. Date of Last Report   07/29/1981   06/21/1996			eport
2. Principal Pla	ace of Business		2a, Mailing A	ddress			4. FEI Number	1 00,0,1		plied For
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Suite, Apt. #	₩, etc.		Suite, Apt	. #, etc.		<del></del>		□ \$8	<del> </del>	Additional
2			27				5. Certificate of Status Desired	ليا	Fee Re	quired
City & State	)		City & Sta	ito			6. Election Campaign Financing		5.00	May Be
3			28		A		Trust Fund Contribution		Added t	o Fees
<sup>Zip</sup>	Country	ļ	Zip		Country	y	8. This corporation has liability for t	ntangible tax u	ınder s.	199.032.
4]	25		29		30			Yos No		
	9. Name and Address	of Current H	legisterea Agei	nt	81	T Name	10. Name and Address of New Re	gistered Agen	it	
	MAS, DAVID REED				61	Name				
	E TERR DR POB M-M				82	Street Add	lress (P.O. Box Number is Not Acceptab	le)		
	NT CITY, FLORIDA				83	ļ				
P187	719 FL 33566				0.3					
					84	City		65	Zip (	Code
		2020500	(007.4500.5)			<u> </u>		FL ["	1	
ii. Pursuani ii	o the provisions of Section	าร 607.0502 ai n flie State of f	na 607.1508, FI	iorida Statt	lites, the abov	e-nameo cor	poration submits trils statement for the particular portion's board of directors. I beroby accen	urpose of char It the appointm	nging it: nent as	s registere registered
office or re			попад. виси в	nange was	aumonzeu D	y ine corpora				•
office or re agent. I an	n familiar with, and accep	the obligation	ns of, Section 6	107.0505, F	lorida Statute	y the corpora s.	poration submits this statement for the p ition's board of directors. I hereby accep			
SIGNATURE _										
SIGNATURE E	Signature, typed or printed name of	registered agent an	nd title if applicable.		011 : Registered Ag		ired whon reinstaling)	DATE		·
SIGNATURE E	Signature, typed or printed name of OFF		nd tille if applicable. DIRF CTORS	(NO	M: Registered Ag			DATE ERS AND DIRE	ECTOR	S IN 12
SIGNATURE E	Signature, typed or printed name of OFF	registered agent an	nd tille if applicable. DIRF CTORS		13.		ired whon reinstaling)	DATE ERS AND DIRE		S IN 12
SIGNATURE E	Signature, typed or printed name of OFF  DP  THOMAS, DAVID REE	registered agent ar ICERS AND D	nd tille if applicable. DIRF CTORS	(NO	113. 1.1 TITLE 1.2 NAME	ant signature requ	ired whon reinstaling)	DATE ERS AND DIRE	ECTOR	S IN 12
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