

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90060 017 ***150.00

DOCUMENT # 696672

1. Corporation Name
T.L.B. SUPPLY, INC.

Principal Place of Business
405 E TERR DRIVE
P O BOX M-M
PLANT CITY FL 33565-9020

Mailing Address
405 E TERR DRIVE
P O BOX M-M
PLANT CITY FL 33565-9020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/29/1981

4. FEI Number
59-2124323

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax... ☐ Yes ☐ No

2. Principal Place of Business

21 405 EAST TERRACE DR

2a. Mailing Address

26 405 EAST TERRACE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

23 City & State
PLANT CITY, FL.

28 City & State
PLANT CITY, FL.

Zip
33566

Country
Hillsborough

25 Hillsborough

29 33566

30 Hillsborough

9. Name and Address of Current Registered Agent

THOMAS, DAVID REED
405 E TERRACE DRIVE 106 SEVILLE CT. SO.
PLANT CITY, FLORIDA
33567

10. Name and Address of New Registered Agent

81 Name THOMAS, DAVID REED
82 Street Address (P.O. Box Number is Not Acceptable)
106 SEVILLE COURT SO.
83
84 City PLANT CITY FL 85 Zip Code 33567

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	THOMAS, DAVID REED	106 SEVILLE COURT SO.	PLANT CITY, FL. 00000	<input type="checkbox"/>
DVP	THOMAS, JEROME H	1003 MENDOSA	PLANT CITY FL 33567	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *James Thomas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 6 '98

813-754-7443

Date

Daytime Phone #

CR2E034 (11/98)