FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F51785** **(6)**

1. Corporation Name

T.P. #2, INC.

Principal Place of Business	Mailing Address
308 OLD COUNTY ROAD PO BOX 308 EDGEWATER FL 32132-1812	308 OLD COUNTY ROAD PO BOX 308 EDGEWATER FL 32132-1812

3. Date Incorporated or Qualified: **10/26/1981**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-2247980** ☐ 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

9. Name and Address of Current Registered Agent

BURNETT, RANDOM R.
501 N. GRANDVIEW AVENUE
DAYTONA BEACH FL 32018

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ (Signature typed or printed name of registered agent and title if applicable) (IF STILL Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOSHELL, GREG		1.2 NAME		
STREET ADDRESS	48 WALKER STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	CANADA BAY, NSW AUSTRALIA		1.4 CITY-ST-ZIP		
TITLE	PTD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WARD, GEORGE		2.2 NAME		
STREET ADDRESS	5275 PEACHTREE INDUSTRIAL BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30341		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	TOBIN, SHERYL		3.2 NAME	SHORT, HERBERT	
STREET ADDRESS	5275 PEACHTREE INDUSTRIAL BLVD		3.3 STREET ADDRESS	999 PEACHTREE ST. NE	
CITY-ST-ZIP	ATLANTA GA 30341		3.4 CITY-ST-ZIP	ATLANTA, GA 30309	
TITLE		☐ DELETE	4.1 TITLE	D/P	☐ Change ☒ Addition
NAME			4.2 NAME	BOSSET, CHRISTIAN	
STREET ADDRESS			4.3 STREET ADDRESS	308 OLD COUNTY ROAD	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	EDGEWATER, FL 32132	
TITLE		☐ DELETE	5.1 TITLE	S/T	☐ Change ☒ Addition
NAME			5.2 NAME	KEESECKER, ROBERT	
STREET ADDRESS			5.3 STREET ADDRESS	308 OLD COUNTY ROAD	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	EDGEWATER, FL 32132	
TITLE		☐ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME			6.2 NAME	DILL, DAVID	
STREET ADDRESS			6.3 STREET ADDRESS	308 OLD COUNTY ROAD	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	EDGEWATER, FL 32132	

CR2E034 (12/95)

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)(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: Robert P. Keesecker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert P. Keesecker

4/29/96 (904)428-6461
Date Daytime Phone Number