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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90148 014 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000001925**

1. Corporation Name

**T & F DEVELOPMENTS, INC.**



Principal Place of Business  
**6615 N. SCOTTSDALE RD.  
SCOTTSDALE AZ 85250**

Mailing Address  
**6615 N. SCOTTSDALE RD.  
SCOTTSDALE AZ 85250**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **5035 COTTONTAIL RUN E.**

Suite, Apt. #, etc.

22

City & State

23 **PARADISE VALLEY, AZ**

Zip

24 **85253**

Country

25

2a. Mailing Address

26 **5035 COTTONTAIL RUN E.**

Suite, Apt. #, etc.

27

City & State

28 **PARADISE VALLEY, AZ**

Zip

29 **85253**

Country

30

3. Date Incorporated or Qualified

**04/03/1998**

4. FEI Number

**74-2873047**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MONAGHAN, GERALD J  
7226 O'DONIEL LOOP W.  
LAKELAND FL 33809**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PSD  
MONAGHAN, JAMES G**  
STREET ADDRESS **6615 N. SCOTTSDALE RD.**  
CITY-ST-ZIP **SCOTTSDALE AZ 85250**

TITLE ☐ DELETE

NAME **VT  
MONAGHAN, MICHAEL J**  
STREET ADDRESS **444 BROADWAY #202**  
CITY-ST-ZIP **SARATAGO SPRINGS NY 12866**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **5035 COTTONTAIL RUN E.**  
1.4 CITY-ST-ZIP **PARADISE VALLEY, AZ 85253**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS **5035 COTTONTAIL RUN E.**  
2.4 CITY-ST-ZIP **PARADISE VALLEY, AZ 85253**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

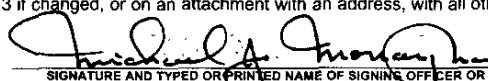
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

 **MICHAEL J. MONAGHAN** 3/1/99 602-430-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)