Applied For

\$8.75 Additional

Fee Required ---

Not Applicable

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

89037

DOCUMENT # G04265 1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

21

TCF MANUFACTURING, INC.

Principal Place of Business	Mailing Address
% 1020 S 86TH ST TAMPA FL 33619	% 1020 S 86TH ST TAMPA FL 33619

2a. Mailing Address

27

P.O. Box

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90220 049 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

10/13/1982 4. FEI Number

59-2230957

City & State	e	City & State	FL		1	n Campaign Financing und Contribution		\$5.00 to	•
23	Country	Zip	Cour	otry/		rporation owes the cur	Tont your Inter		
Zip 24	25	29 33 683	30 H	تطعاآ	1	al Property Tax.			□No
	9. Name and Address of Current		, , , , ,		/ 10. Name	and Address of New	Registered A	gent	
				81 Name					ļ
ROBERTS, RONALD E				82 Street	Address /P.O. Boy	Number is Not Acces	table)		
2302 MEDFORD LANE				82 Street Address (P.O. Box Number is Not Acceptable)					
BRANDON FL 33511			83						
								Total Pin C	· ·
				84 City			FL	85 Zip C	ode
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statu	ites, the ab	I ove-named	corporation submit	s this statement for the	nurnose of c	hanging its	registered
office or n	egistered agent, or both, in the State of	Florida. Such change was a	authorized	by the corp	oration's board of o	lirectors. I hereby acce	ept the appoint	tment as reg	istered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Fi	onda Statu	tes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable /NOT	F. Registered	Agent signature	required when reinstating)	-	DATE	_	
12.	OFFICERS AND		13.	- gent agnaturo		NS/CHANGES TO O		DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TIT	LE				Change	☐ Addition
NAME	ROBERTS, RONALD J		1.2 NA	ME					
STREET ADDRESS	935 SYMPHONY ISLES BLVD		1.3 ST	REET ADDRESS					
				Y-ST-ZIP				,	
CITY-ST-ZIP TITLE	DELETE		2.1 TIT	_	NIC			Change	Addition
	D		22 NA		DAGGET	S, RONALD E DFORD LAND	5R		
NAME	HODERIO, HOWLED C			REET ADDRESS	TOPCK!	SEARD LAN	ε		
STREET ADDRESS	2002 111201 0110 2 112				DA ANDON	- F1	3 <i>2511</i>		
CITY-ST-ZIP	BRANDON FL	☐ DELETE	2. 4 CI	TY-ST-ZIP	DAMONDO!		75577	Change	Addition
TITLE	,			PAROTE	JUANITA SFORD LANG FL 3		,		
NAME	HODERTO, BOARTA		3.2 NA		ganz Ne	OFORD LANG	•		1
STREET ADDRESS	2002 INCO OND BUILD			REET ADDRESS	BOANSA	7 3	301		ĺ
CITY-ST-ZIP	BRANDON FL	DELETE		TY-ST-ZIP	BRADUM,	<u> </u>	23//	□ Change	Addition
TITLE	D	ET DEFERE	4,1 TIT					C Guarda	
NAME	ROBERTS, TERRI L		4. 2 N						
STREET ADDRESS	••• •••••			REET ADDRESS					
CITY-ST-ZIP	APOLLO BCH FL 33512			Y-ST-ZIP	S /			Change	T Addition
TITLE		☐ DELETE	5.1 TiT		SIT	- 1 1/0:00			E AUGIOUI
NAME			5.2 NA	-	KOBER	F J. WAND	(5 DO:	1<	ĺ
STREET ADDRESS			1	REET ADDRESS					}
CITY-ST-ZIP				Y-\$T-ZIP	BRAND	ON, FL	335 N		
TITLE		☐ DELETE	6.1 TIT					Change	☐ Addition
NAME			6.2 NA						
STREET ADDRESS			6.3 ST	REET ADORESS	1				
CITY-ST-ZIP				Y-ST-ZIP					
14. I hereby	certify that the information supplied with	this filing does not qualify for	or the exer	nption state	d in Section 119.07	(3)(i), Florida Statutes	. I further certi	fy that the ir	ntormation

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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813)621-6968