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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

TBF COMPANY, INC.

(1)

FILED Jun 18 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			
40 AUDUSSOI	N AVE.	40 AUDUSSON AVE.			
P.O. BOX 141		P.O. BOX 1415			
PENSACOLA I	FL 32596	PENSACOLA FL 32596		DO NOT WRITE IN THIS S	PACE
				3. Date Incorporated or Qualified 01/27/1983	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2333239	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	D	City & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Z ip	Country	B. This corporation owes or has paid the curr	
24	25 9. Name and Address of Cur	rent Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered A	Yes No
BR(OWN,WARREN T.	Tont trogistored Agent	81 Name	10, Hains and Address of How Registered A	RAOIN
	AUDUSSON AVE				
	NSACOLA FL 32507		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
į	TONGO DA 1 E OEOO1		63		
*					
			84 City	FL	85 Zip Code
11. Pursuant t	to the provisions of Sections 607 (2502 and 607 1508. Florida Statu	tes, the above-named cor	rporation submits this statement for the purpose of	changing its registered
office or re	e giste red agent, or both, in the St	ate of Horida. Such change was:	authorized by the corpora	ation's board of directors. I hereby accept the appo	pintment as registered
_	m familiar with, and accept the of	ingations of, Section 607.0505, Ft	orida Statutes.		
SIGNATURE	Signature: typed or prioted name of registered	Lagent and the dispolarible (NO)	IL Registered Agent signature requ	ared when reinstating) DATE	
12.	• • • • • • • • • • • • • • • • • • •	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	VO	DECETE	1.1 THLE		Change Addition
NAME	Brown, Shirley J.		1.2 NAME		
STREET ADORESS	600 GAMARRA RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-SI-ZIP		
TITLE	8	DELETE	2.1 TITLE		Change Addition
NAME	BRYAN, GARY W.		2.2 NAME		
STREET ADDRESS	4920 RUGBY COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELFTE	3 1 TITLE	•	Change Addition
NAME	BROWN, WARREN T		3.2 NAME		
STREET ADDRESS	1700 OSCEOLA BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PE NSACOLA FL		3.4. CITY-ST-ZIP	***************************************	
TITLE		L_J DELETE	4 1 THILE	•	Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP		Dutte	4.4 CITY - ST - ZIP		Character E Legislan
TITLE		L DELETE	5 1 TITLE	· ·	Change Addition
NAME Street address			5 2 NAME		
••			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELFTE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		[_] press(_	6.2 NAME	90000254397	vienge xuulloii
STREET ADDRESS				-06/02/980103102	3 <i>J</i> .*.\ 8
į			6.3 STREET ADDRESS	***1650.00	· 6''
14. I hereby c	ertify that the information sciooling	I with this filing does not qualify f	6.4 CITY-S1-ZIP or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further cen	tify that the information
indicated of officer or o	on this annual report or suppleme	inful annual report is true and acc	curate and that my signati	ure shall have the same legal effect as if made und quired by Chapter 607, Florida Statutes; and that m	er oath; that I am an