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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

DOCUMENT # G20649

1. Corporation Name

TBF COMPANY, INC.

						{	131		81811 BIBIT 1881
Principal Place	e of Business	Mailing Address							
40 AUDUSSON AVE. 40 AUDUSSON AVE.									
P.O. BOX 1415		P.O. BOX 1415				DO NOT WRITE IN THIS SPACE			
PENSACOLA FL 32596 PENSACOLA FL 32596					3. Date Incorporated or Qualifed				
1						01/27/1983			ļ
2 Principal DI	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
└	ace of business	26				59-2333239		<u> </u>	ot Applicable
Suite, Apt. :	# etc	Suite, Apt. #, etc.							Additional
22		27				5. Certifcate of Status Desire	ed 🗌	,	equired
City & State		City & State				6. Election Campaign Finance	cina —	\$5.00	May Be
23		28				Trust Fund Contribution	,,,, a 🗀		to Fees
Zip Country		Zip Country			8. This corporation owes the current year Intangible				
24	25	29	30			Personal Property Tax.	•	Yes	□No
	9. Name and Address of Curre					10. Name and Address of N	ew Registered	Agent	
				81 Na	me				
BRO	wn,warren t.			82 Str	oot Addro	ss (P.O. Box Number is Not Ac	centable)		
40 AUDUSSON AVE				02 30	eet Addie	55 (F.O. DOX NUMBER IS NOT NO	ооркавле)		
PENS	SACOLA FL 32507			83					
								los Zin	Code
				84 Cit	у		FL	85 Zip	Code
11. Pursuant i	to the provisions of Sections 607.05	02 and 607.1508, Florida State	utes, the a	bove-nar	ned corpo	ration submits this statement for	r the purpose of	changing it	s registered
l office or re	egistered agent, or both, in the State m familiar with, and accept the obligi	e of Florida. Such change was	authorized	l by the c	orporation	i's board of directors. I hereby a	accept the appoi	ntment as re	egisterea
ayent. rai	ii lamiliai with, and accept the obligi	anding of, occupin our loose, i	ionaa oaa						
1									
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if applicable. (NO	TE: Registered	Agent signa	ture required	when reinstating)	DATE		
SIGNATURE		ent and title if applicable. (NO:	TE: Registered	Agent signa	ture required	when reinstating) ADDITIONS/CHANGES TO			
					ture required			ID DIRECT	ORS IN 12
12.	OFFICERS A	ND DIRECTORS	13.	TLE	ture required				
12. ΠΤΙΕ	OFFICERS A	ND DIRECTORS	1.1 TI 1.2 N/	TLE					
12. TITLE NAME	OFFICERS AI VD BROWN, SHIRLEY J. 600 GAMARRA RD.	ND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE IME				☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS	VD BROWN, SHIRLEY J.	ND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE ME REET ADDR TY-ST-ZIP					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI VD BROWN, SHIRLEY J. 600 GAMARRA RD. PENSACOLA FL	ND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 S ² 1.4 CI	TLE ME REET ADDR TY-ST-ZIP				☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	OFFICERS AI VD BROWN, SHIRLEY J. 600 GAMARRA RD. PENSACOLA FL S BRYAN, GARY W.	ND DIRECTORS	13. 1.1 TI 1.2 NJ 1.3 S' 1.4 CI 2.1 TI 2.2 NJ	TLE ME REET ADDR TY-ST-ZIP	ESS			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AI VD BROWN, SHIRLEY J. 600 GAMARRA RD. PENSACOLA FL S BRYAN, GARY W. 4920 RUGBY COURT	ND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 S' 1.4 CI 2.1 TI 2.2 N/ 2.3 S'	TLE ME REET ADDR TY-ST-ZiP TLE ME	ESS			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	OFFICERS AI VD BROWN, SHIRLEY J. 600 GAMARRA RD. PENSACOLA FL S BRYAN, GARY W.	ND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 S' 1.4 CI 2.1 TI 2.2 N/ 2.3 S'	TLE ME TY-ST-ZIP TLE ME REET ADDR	ESS			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI VD BROWN, SHIRLEY J. 600 GAMARRA RD. PENSACOLA FL S BRYAN, GARY W. 4920 RUGBY COURT PENSACOLA FL D	ND DIRECTORS DELETE	13. 1.1 TI 1.2 NJ 1.3 S' 1.4 CI 2.1 TI 2.2 NJ 2.3 S' 2.4 C	REET ADDR TY-ST-ZIP TLE ME REET ADDR TLY-ST-ZIP	ESS			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	OFFICERS ALL VD BROWN, SHIRLEY J. 600 GAMARRA RD. PENSACOLA FL S BRYAN, GARY W. 4920 RUGBY COURT PENSACOLA FL D BROWN, WARREN T	ND DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2. 4 C 3.1 TI 3.2 N	REET ADDR TY-ST-ZIP TLE ME REET ADDR TLY-ST-ZIP	ESS ESS			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS ALL VD BROWN, SHIRLEY J. 600 GAMARRA RD. PENSACOLA FL S BRYAN, GARY W. 4920 RUGBY COURT PENSACOLA FL D BROWN, WARREN T 1700 OSCEOLA BLVD	ND DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	REET ADDR TY-ST-ZIP TLE MME REET ADDR TY-ST-ZIP TLE	ESS ESS			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	OFFICERS ALL VD BROWN, SHIRLEY J. 600 GAMARRA RD. PENSACOLA FL S BRYAN, GARY W. 4920 RUGBY COURT PENSACOLA FL D BROWN, WARREN T	ND DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	FLE ME REET ADDF FLE ME REET ADDF TTY-\$T-ZIP FLE ME REET ADDF FLE ME REET ADDF FREET ADDF	ESS ESS			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP CONTROL OF THE NAME STREET ADDRESS CITY- ST- ZIP	OFFICERS ALL VD BROWN, SHIRLEY J. 600 GAMARRA RD. PENSACOLA FL S BRYAN, GARY W. 4920 RUGBY COURT PENSACOLA FL D BROWN, WARREN T 1700 OSCEOLA BLVD	ND DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 N 1.3 S' 1.4 CI 2.1 TI 2.2 N 2.3 S' 2. 4 C 3.1 TI 3.2 N 3.3 S' 3.4 C	TLE THE TADDE TY-ST-ZIP TLE ME REET ADDE TTY-ST-ZIP TLE ME REET ADDE TTY-ST-ZIP TLE TTY-ST-ZIP TLE TTY-ST-ZIP	ESS ESS			☐ Change ☐ Change	☐ Addition ☐ Addition ☐ Addition
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12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	OFFICERS ALL VD BROWN, SHIRLEY J. 600 GAMARRA RD. PENSACOLA FL S BRYAN, GARY W. 4920 RUGBY COURT PENSACOLA FL D BROWN, WARREN T 1700 OSCEOLA BLVD	ND DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 N/ 1.3 S' 1.4 CI 2.1 TI 2.2 N/ 2.3 S' 2.4 C 3.1 TI 3.2 N/ 3.3 S' 3.4 C 4.1 TI 4.2 N/ 4.3 S' 4.4 CI	TLE ME REET ADDR TY-ST-ZIP TLE ME REET ADDR TTY-ST-ZIP TLE ME REET ADDR TTY-ST-ZIP TLE AME REET ADDR TTY-ST-ZIP TLE REET ADDR TTY-ST-ZIP TLE REET ADDR TTY-ST-ZIP	ESS ESS			☐ Change ☐ Change ☐ Change	Addition Addition

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 a supply mental 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 me 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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

RE WARREN [T. BROWN

4/26/99

Date

850-453-3471

Daytime Phone #

Change

☐ Addition