1999 :



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State

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DOCUMENT # G24142

T.J.R. MFG., INC

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2 Oringinal Di	lace of Business	2a. Mailing Address				El Number	,		pplied For
—	ace of Business	26				59-2292679		⊢ +−	lot Applicable
Suite, Apt.	#. etc	Suite, Apt. #, etc.							Additional
22	, 5.67	27			5. C	Certifcate of Status Desire	ed 🗌	· · · · · ·	Required
City & State	te	City & State			6. E	lection Campaign Financ	ing_ C	\$5.00	May Be
23	- · · · · ·	28				rust Fund Contribution			to Fees
Zip	Country	Zip	Country	/		his corporation owes the	current year I		_
24	25		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent		T		Name and Address of No	ew Registere	d Agent	
LACIC.	PONED COECODY C FOO		81	Name	!				
	SSNER, GREGORY C., ESQ.		82	Street	Address (P.C	D. Box Number is Not Acc	ceptable)		
	W 3RD AVE		-	 		···		·· ····	
STE			83	·					
DRA	DENTON FL 34205		84	City				85 Zip	Code
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		100 1500 51 11 01 14		<u> </u>	· · · · · · · · · · · · · · · · · · ·		the purpose	of observing it	c registered
office or re	to the provisions of Sections 607.0502 registered agent, or both, in the State of imfamiliar with, and accept the obligati	of Florida. Such change was au	ithorized by	the corp	Corporation s poration's boar	submits this statement for rd of directors. I hereby a	ccept the app	of changing if ointment as r	s registered egistered
office or reagent. I a	egistered agent, or both, in the State c im familiar with, and accept the obligati	of Florida, Such change was au ions of, Section 607.0505, Flori	ithorized by ida Statutes	the comp s.	oration's boar	rd of directors. I hereby a	ccept the app	ointment as r	egistered
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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.