FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 AM 8:13

DOCUMENT # G47086 (5)

1. Corporation Name
T & J SUAREZ, INC.

Principal Place of Business	Mailing Address
31 TARPON CIRCLE WINTER SPRINGS FL 32708 US	31 TARPON CIRCLE WINTER SPRINGS FL 32708 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1432 CARRINGTON Ct.
Suite, Apt. #, etc
22
City & State
23 WINTER SPRINGS, FL
Zip 24 32708 Country 25 US

2a. Mailing Address
26 1432 CARRINGTON Ct.
Suite, Apt. #, etc
27
City & State
28 WINTER SPRINGS, FL
Zip 29 32708 Country 30 US

4. FEI Number: 59-2471028 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARLOWE, MICHAEL L.
1150 LOUISIANA AVE., SUITE 4
WINTER PARK FL 32790

10. Name and Address of New Registered Agent

81 Name: MARLOWE, MICHAEL L.
82 Street Address (P.O. Box Number is Not Acceptable): 1031 W MORSE BLVD.
83 SUITE #105
84 City: WINTER PARK FL 85 Zip Code: 32789

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	VTD
NAME	SUAREZ, DAVID
STREET ADDRESS	31 TARPON CIRCLE
CITY ST ZIP	WINTER SPRINGS FL
TITLE	VD
NAME	SUAREZ, DESMOND
STREET ADDRESS	31 TARPON CIRCLE
CITY ST ZIP	WINTER SPRINGS FL
TITLE	VD
NAME	JONES, JAY
STREET ADDRESS	31 TARPON CIRCLE
CITY ST ZIP	WINTER SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	SUAREZ, TEM O.	
1.3 STREET ADDRESS	1432 CARRINGTON COURT	
1.4 CITY ST ZIP	WINTER SPRINGS, FL. 32708	
2.1 TITLE	VSTD	☒ Change ☐ Addition
2.2 NAME	SUAREZ, JUDY A.	
2.3 STREET ADDRESS	1432 CARRINGTON COURT	
2.4 CITY ST ZIP	WINTER SPRINGS, FL. 32708	
3.1 TITLE	VO	☒ Change ☐ Addition
3.2 NAME	SUAREZ, DENNIS	
3.3 STREET ADDRESS	1432 CARRINGTON COURT	
3.4 CITY ST ZIP	WINTER SPRINGS, FL. 32708	
4.1 TITLE	VD	☒ Change ☐ Addition
4.2 NAME	SUAREZ, DESMOND	
4.3 STREET ADDRESS	1432 CARRINGTON COURT	
4.4 CITY ST ZIP	WINTER SPRINGS, FL. 32708	
5.1 TITLE	VD	☒ Change ☐ Addition
5.2 NAME	JONES, JAY	
5.3 STREET ADDRESS	1432 CARRINGTON COURT	
5.4 CITY ST ZIP	WINTER SPRINGS, FL. 32708	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Judy Suarez (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 5/26/95 (Date) 407 365-6356 (Daytime Phone #)

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