

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


FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90031 034 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G52250  
1. Corporation Name  
T & D MARINE ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
% BEBE DANIEL (TINDAL)  
1029 BAILLIES BLUFF RD  
HOLIDAY FL 34691  
US

Mailing Address  
% BEBE DANIEL (TINDAL)  
1029 BAILLIES BLUFF RD  
HOLIDAY FL 34691  
US

3. Date Incorporated or Qualified  
08/02/1983

4. FEI Number  
59-2326078

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent  
DANIEL, BEBEE D  
1029 BAILLIES BLUFF RD  
HOLIDAY FL 34691

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD (TINDAL), DANIEL B 1029 BAILLIES BLUFF RD HOLIDAY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DANIEL, DAVID 1029 BAILLIES BLUFF RD HOLIDAY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANIEL, BEBEE D 1029 BAILLIES BLUFF RD HOLIDAY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	% BEBE DANIEL (TINDAL) 1029 BAILLIES BLUFF RD HOLIDAY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1029 BAILLIES BLUFF RD HOLIDAY FL ST

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: *Bebée D. Daniel* 1/6/99 813-937-9737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)