

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Jan 09, 2008 08:00 AM
Secretary of State**

DOCUMENT # G70621

1. Entity Name
TUSCANOOGA COMPANY



Principal Place of Business

% WILLIAM G. LAW, JR.
250 S. MAIN AVE.
GROVELAND, FL 34736-2556

Mailing Address

% WILLIAM G. LAW, JR.
250 S. MAIN AVE.
GROVELAND, FL 34736-2556



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2362002

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAW, WILLIAM G. JR.
250 S. MAIN AVE.
GROVELAND, FL 32736

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

000000777254
01/09/08-80056-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LAW, WILLIAM G, JR
STREET ADDRESS	250 S MAIN AVE
CITY-ST-ZIP	GROVELAND, FL
TITLE	D
NAME	LAW, JULIA R.
STREET ADDRESS	345 W. SUNSET ST.
CITY-ST-ZIP	GROVELAND, FL
TITLE	D
NAME	ROBERTS, MARIE R.
STREET ADDRESS	1050 S. KANSAS AVE.
CITY-ST-ZIP	GROVELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block-11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Julia R. Law Julia R. Law

1/7/08

(352)429-2183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #