**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

APPROVED AND FILED

95 JUL -5 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G71060** **(9)**

1. Corporation Name
**T F J, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2400 S. FRENCH RD.<br>SANFORD FL 32771<br>US | 3710 NEW TAMPA HWY.<br>LAKELAND FL 33801 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: **11/21/1983** | 3a. Date of Last Report: **06/02/1994** |
| 4. FEI Number: **59-2335757** | ☐ 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 |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 35301 Schoolcraft |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 Livonia MI |
| Zip 24 / County 25 | Zip 29 48150 / County 30 U.S. |

**9. Name and Address of Current Registered Agent**

**ROEHRIG, THOMAS J.**
**3710 NEW TAMPA HWY**
**LAKELAND FL 33801**

**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 607.1509, 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 | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | VP | 11 TITLE | ☐ Change ☐ Addition |
| NAME | DE ANGELIS, JOHN | 12 NAME | |
| STREET ADDRESS | 99 LINDA LANE | 13 STREET ADDRESS | |
| CITY ST ZIP | BLOOMFIELD HILLS MI | 14 CITY ST ZIP | |
| TITLE | PD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | ROEHRIG, THOMAS | 22 NAME | |
| STREET ADDRESS | 3710 NEW TAMPA HWY. | 23 STREET ADDRESS | |
| CITY ST ZIP | LAKELAND FL | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

CR2E034 (3/95)

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)(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 above, or on an attachment with an address.

**SIGNATURE:** John J. Roehrig 6-8-95 813-683-6103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0186360 FP