

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G78972** (8)

1. Corporation Name

TU-CO PEAT, INC.



Principal Place of Business

**4700 BEAR RD
SEBRING FL 33872
US**

Mailing Address

**4700 BEAR RD
SEBRING FL 33872
US**

3. Date incorporated or Qualified 12/20/1983	3a. Date of Last Report 04/17/1995
4. FEI Number 59-2348482	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	

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TUBBS, MICHAEL L.
4700 BEAR RD
SEBRING FL 33872**

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

Signature of Registered Agent (Print Name and Address of Agent)

Signature of Registered Agent (Print Name and Address of Agent)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	☐ Change ☐ Addition
NAME	NAME	2. NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	3. STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP	CITY-STATE-ZIP	4. CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	NAME	5. TITLE	☐ Change ☐ Addition
NAME	NAME	6. NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	7. STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP	CITY-STATE-ZIP	8. CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	NAME	9. TITLE	☐ Change ☐ Addition
NAME	NAME	10. NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	11. STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP	CITY-STATE-ZIP	12. CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	NAME	13. TITLE	☐ Change ☐ Addition
NAME	NAME	14. NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	15. STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP	CITY-STATE-ZIP	16. CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	NAME	17. TITLE	☐ Change ☐ Addition
NAME	NAME	18. NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	19. STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP	CITY-STATE-ZIP	20. CITY-STATE-ZIP	☐ Change ☐ Addition

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:

Sheila T. Tubbs **Sheila T. Tubbs** 2-21-96 382-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)