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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # G83086 1. Corporation Name

B.T.M., INC.

Principal Place of Business

Mailing Address

## Feb 10, 1999 8:00 am Secretary of State

02-10-1999 90045 003 \*\*\*150.00



1396 W.N. BLVD LEESBURG FL 34748		1396 W.N. BLVD LEESBURG FL 34748			•			
	·				DO NOT WRITE IN TH	IIS SPACE		,
					3. Date incorporated or Qualifed 01/30/1984			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For	- 11
21		26			59-2380894	No	t Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional	3
22		27			5. Certifcate of Status Desired	Fee Re	equired	•
City & State	е	City & State			6. Election Campaign Financing	\$5.00	May Be	1
23		28			Trust Fund Contribution	•	to Fees	Ì
Zip	Country	Zip	Country	/	8. This corporation owes the current year	Intangible		1
24	25	29	29 30		Personal Property Tax.			
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Registere	d Agent		
		7 3	81	Name				
	RAMORE, TERI		82	Street Add	Iress (P.O. Box Number is Not Acceptable)			
	W.N. BLVD			0110017100	robb (r.e. box rambol to retribute describe)			
LEES	SBURG FL 34748		83	1	(注: ) 新加州 经基础 (注: ) 新加州 (注: ) 和加州 (注		1121 2121 1301	
			84	City	· 智力學 2014年 11年 11年 11年 11年 11年 11年 11年 11年 11年	. *** 85 Zip	914 (1 6181) 1721	
			04	City	F	L 83 210	Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the abov	e-named corp	poration submits this statement for the purpose	of changing its	registered	
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such change was au idations of, Section 607,0505, Flor	uthonzed by rida Statutes	the corporati	ion's board of directors. I hereby accept the app	oointment as re	gistered	
_		<b>3</b>						
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE:	Registered Age	nt signature require	ed when reinstating)			۽ ا
12.	OFFICERS :	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12	ו ה
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TITLE	PD	☐ DELETE	1.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	14.4
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1		☐ DELETE	1.2 NAME	T ADDRESS	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	1004/14/1
NAME	PARRAMORE, TERI	☐ DELETE	1.2 NAME		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	17024 /44
NAME STREET ADDRESS	PARRAMORE, TERI 1396 W.N. BLVD	☐ DELETE	1.2 NAME 1.3 STREE		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	177700477
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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 all other like empowered.