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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H08578

(7)

T & Z, INC.

FILED May 07 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address						
% WM. A. OUGHTERSON 310 SW OCEAN BLVD STUART FL 34994-2007 US		% WM. A. OUGHTERSON 31D SW OCEAN BLVD STUART FL 34994-2007 US						
				3. Date incorporated or Qualified 06/19/1984	ed 3a. Date of Last Report 05/01/1996			
2. Principal Place of E	Business	26. Mailing Address 26 4401 NE J	bes	A Rd	4. FEI Number 59-2436836			plied For Applicable
Suite, Apt, #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	_ \$	8.75 / Fee Re	Additional equired
City & State		Strate Carry & State	4		Election Campaign Financing Trust Fund Contribution		5.00 Added t	May Be to Fees
Zip 24	Country 25	29 3499 60 30	Country	1	This corporation has liability for in Florida Statutes	ntangible tax i		. 199.032
	ame and Address of Curren		<u>'</u>		10. Name and Address of New Re			
	ON, WM. A.		81	Name				
310 SW 00			L					
STUART FL			82 Street Addre		ess (P.O. Box Number is Not Acceptab	e)		
			83					
			84	City		FL 85	Zip (Code
11. Pursuant to the profile or registered agent. Lam familia	ovisions of Sections 607.050 d agent, or both, in the State ar with, and accept the obliga	2 and 607.1508, Florida Statutes, of Florida Such change was authalions of Section 607.0505, Florida	the above norized by a Statute:	t e-named corpo y the corporations.	oration submits this statement for the pion's board of directors. I hereby accept	roce of cha	l nging it nent as	s registered registered
SIGNATURE.	typed or printed name of registered age				ed when reinstating)	DATE		
12.	OFFICERS AND		13.	ork organicato roddino	ADDITIONS/CHANGES TO OFFIC		ECTOR	S IN 12
TILE PST		DELETE	1.1 TITLE				Change	Addition
NAME THON	ias, kevin H.		1.2 NAME					
j diniti stancez j	ne Joe's Pt RD		1.3 STREET	ADDRESS				
CITY-ST-ZIP STUA	RT FL		1.4 CITY-S	57 - ZIP				
TITLE		☐ DELETE	21 TITLE				Change	☐ Addition
NAME			22 NAME					
STREET ADORESS			2.3 STREET	ADDRESS				
CHY-ST ZIP	A.S.E	T AFIETE	2. 4 CITY -:	ST-ZIP	ş. 	Na Nie		
TITLE		DELETE	3.1 TITLE			ا لـــا	Change	Addition
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CITY-ST-7:P			3.3 STHEET					
1711		DELETE	41 TITLE	Ot - Eli			Change	Addition
NAME			4.2 NAME	İ		_	•	
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY+ST-ZIP			4.4 CITY - S	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME	ļ				
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY - ST - ZIP			5.4 CHY-5	ST - ZiP				
TITLE		☐ DELETÉ	6.1 TITLE			البا	Change	Addition
NAME			6.2 NAME	J				
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP	Ab at the lint and a second	1 31 -1 - Av	6.4 CITY - 5	ST-ZIP	0-0-46-40007000			

I do 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/57

561-467-7093

Phone #