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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandrå B. Mortham Secretary of State

DIVISION OF CORPORATIONS

19	96

**DOCUMENT #** 

H36182

141

1. Corporation	TT & MASON, PROFESSIO	NAL ASSOCIATION				
Principal Place of Business Mailing Address  101 SOUTH MAIN STREET BROOKSVILLE FL 34801  Principal Place of Business Mailing Address  101 SOUTH MAIN STREET BROOKSVILLE FL 34801				1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		
					3. Date Incorporated or Qualified 12/31/1984	3a. Date of Last Report 05/01/1995
2. Principal Place of Business 2a. Mailing Addr 21 26		2a. Mailing Address 26	ress		4. FEI Number 59-2475352	Applied For Not Applicable
Suite, Apt. i	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional
City & State	)	City & State	Western von Ville in der Leiten ber ber ber		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ <b>29</b>	Country 30	· · · · · · · · · · · · · · · · · · ·	This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
	9. Name and Address of Curren				10. Name and Address of New F	
			81	Name		WW
	, Joseph M. Jr. Uth Main Streett		82	Street Addr	ess (P.O. Box Number is Not Acceptat	ola)
	SVILLE FL 34601		83			· · · · · · · · · · · · · · · · · · ·
			84	City		FL 85 Zip Code
familiar wit	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti Bigvacue, typed or printed name of registered agent	on 607.0505, Florida Statute	tes, the above-red by the corps.  OTE: Rogistered Agen	oration's doar	ation submits this statement for the pui of of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
12.	OFFICERS AND		13.	stationer reduced	ADDITIONS/CHANGES TO OFF	DATE  ICERS AND DIRECTORS IN 12
TITLE	DPT	DELETE	1. 1 TITLE		NODITIONO OTANGEO TO OTT	Change Addition
NAME .	MASON, JOSEPH M. JR.		1.2 NAME			
STREET ADDRESS	101 SOUTH MAIN STREET		1.3 STREET	ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL	~~~	1.4 CITY - S	1 - ZIP		
TITLE	DVS	☐ DELETE	2. 1 TOTLE			Change Addition
NAME	MERRITT, DANIEL B. SR.		2.2 NAME			
STREET ADDRESS	101 SOUTH MAIN STREET BROOKSVILLE FL		2.3 STREET			
CITY-ST-ZIP TITLE	DHOOKSVILLE FL	[7] DELETE	2.4 CITY-S 3.1 TITLE			E2 05 E2 44/9
NAME		LJ beech	3.2 NAME			Change Addition
STREET ADDRESS			3.3 STREET	Anneege		
CITY-S1-ZIP			3.4 CITY-S	t a second	- $00000183$	35490
Trite		DELETE	4. 1 TITLE			Change Addition
NAME			4.2 NAME		ネネホとUU。UU	
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIF			4.4 CITY-S	r- ZIP		
TiTLE		[] DELETE	5 1 THTLE			Change Addition
NAME			5.2 NAME		$\nu_{\alpha}$	
STREET ADORESS			5.3 STREET		<b>(()</b>	
CITY-ST-ZIF		f nevere	5.4 CrTY - S	I - ZIP	, \'n'	
TITLE		DELETE	6. 1 TITLE		4, 1	Change Addition
NAME CERCET ADDRESS			6.2 NAME		J	
STREET ADDRESS			6.3 STREET			
City-St-ZiP 14. Ldo hereby	certify that the information supplied w	ith this filing is valuntarily for	6.4 CiTY - ST		or the exemption stated in Section 110	07/Q)(I/) Elorido Ctot dos 14 des

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 JOSEPH M. Mason, Jr.

April 30, 1996 (352) 796-0795

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