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PROFIT CORPORATION ANNUAL REPORT

1997



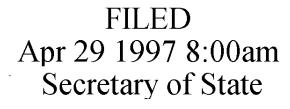
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H56285

T. D. INDUSTRIES, INC.





								(11)	
Principal Place of Business Mailing Address					- 1001011 0101 01110 01119 11001 (0111 0111				
P. O. BOX 3128 JASPER AL 35502 P. O. BOX 3128 JASPER AL 35502-3128									
					3. Date Incorporated or Qualified 05/09/1985	3a. Date of 03/04/1	•	l	
		2a. Mailing Address	2a. Mailing Address		4. FLI Number	[] defined		l For	
21		26	\$\$				plicable		
Sulte, Apt.		Suite, Apl. #, etc.	27		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Bo				
Zip Country		28	28 Zip Country		Trust Fund Contribution				
24	} 1		+	иy	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24]	25 29 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
HOI	MISLO, INCORPORATION I		8	Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>.</u>		
	LAKEVIEW AVE			82 Street Address (P.O. Box Number is Not Acceptable)					
	TE 800			Street A	dress (P.O. Box Number is Not Acceptable)				
	ST PALM BEACH FL 33401		Ē	33					
				34 City		Toc	Zip Code	,	
						FL 85	l '		
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli-	e of Florida. Such change was	authorized	by the corpo	orporation submits this statement for the poration's board of directors. I hereby accept	urpose of char t the appointm	ging its reg ont as regis	jistered stered	
SIGNATURE		and the second second second second			······································		····································		
12,	Signature, typod or printed name of registered a OFFICERS AT	OPEN AND DIRECTORS	III Rog stered /	Ngont signature ti	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRE	CTORS IN	12	
TETLE	PD	DELETE	1.1 1111	E T	ADDITIONO/CHANGES TO OTHE			Addition	
NAME	MITNICK, J. GEORGE		1.2 NAM	1					
STREET ADDRESS	4004 0014 505 1911 00			EFT ADDRESS					
CITY-ST-ZIP	JASPER AL			'-S1-7IP					
TITLE	SD	DELETE 2.1 TI		E		□ c	hange 🔲	Addilion	
NAME	ENGEL, JOSEPH H.		2.2 NAM	11.				1	
STREET ADDRESS	301 ENGEL CIRCLE		2 3 STR	EFT ADDRESS				1	
CITY-ST-ZIP	JASPER AL			Y-ST-ZIP					
TITLE	TD	DELETE 311			L Change L		Addition		
NAME	ENGEL, ALAN Z		3.2 NAM	-					
STREET ADORESS	SIDLANDOLLAND EL			ELL ADDRESS					
CITY-ST-ZIP TITLE	DIRMINUTIAM PL	DELETE		Y-S1-7IP			hange []	Addition	
NAME		□ vara	4.1 1))L 4. 2 NA			ЦV	папус []	. Noulloll	
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STREET ADDRESS CITY-ST-ZIP				FF1 ADDRESS '- S1-7IP					
TITLE		DELETE	5 1 THL			Πć	hange 🔲	Addition	
NAME ·		- "	5.2 NAM	1					
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				-81-719					
TITLE		DELETE 61			Change Ado		Addition		
NAME	r		62 NAM	IE]	
STREET ADDRESS		+	6.3 S1RI	LET ADDRESS					
CITY-ST-ZIP			6.4 CITY	-SI-7IP				[

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Socion 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation are the receiver or true comparison to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.0 chapter 607 and attachment with applications.