

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90092 023 \*\*\*150.00

DOCUMENT # H70381

1. Corporation Name  
TCOS, INC.

Principal Place of Business

1333 SE DIXIE HWY  
STUART FL 34994-438  
US

Mailing Address

1333 SE DIXIE HWY  
STUART FL 34994-438  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1985

4. FEI Number

59-2565378

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

BOND, STEVEN G  
1333 SE DIXIE HWY  
STUART FL 34994

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPD ☒ DELETE

NAME RAY, EDWIN W.  
STREET ADDRESS 1117 E 7TH ST  
CITY-ST-ZIP STUART FL

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME BAKER, DONALD G.  
STREET ADDRESS 865 NE VANDA TERRADO  
CITY-ST-ZIP JENSEN BCH FL

1.2 NAME ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME BOND, STEPHEN G.  
STREET ADDRESS 2040 SE RAINIER  
CITY-ST-ZIP PT. ST. LUCIE FL

1.3 STREET ADDRESS ☒ Change ☐ Addition

TITLE ST ☒ DELETE

NAME RAY, BEVERLEY B.  
STREET ADDRESS 1117 E. 7TH ST.  
CITY-ST-ZIP STUART FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

President  
Bond, Steven G  
1117 E. 7th Street  
Stuart, FLA 34996

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-18-99

561-287-1751

CR2E034 (11/98)