PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90037 021 ***150.00

U	OCUMENT	#	Н	17	'n	4	16	
1.	Corporation Name			•	•	•		

T & M DEVELOPMENT CORPORATION, INC.

Principal Place	e of Business	Ma	alling Address								
2471 MCMULLE	N BOOTH RD	247	1 MCMULLEN BOOTH RC)							
316		316						DO NOT WRITE IN THIS	CDACE		
CLEARWATER F	L 33759		EARWATER FL 33759				<u> </u>		SFACE		
US	•	US					3.	Date Incorporated or Qualifed			- 1
							 -	08/08/1985	····	Т.	<u>-</u>
2. Principal Pl	ace of Business	2a.	Mailing Address				4.	FEI Number	\vdash	+ ••	lied For
21		26	<u> </u>				-	59-2613763	**		Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5.	Certifcate of Status Desired			dditional
22		27					——			e Rec	
City & State	e´ ` `	\perp	City & State	·-			- 6.	Election Campaign Financing			May Be
23	<u> </u>	28			_		╁_	Trust Fund Contribution		ded to	Fees
Zip	Country	\vdash	Zip	Counti	ry		8.	This corporation owes the current year int		•	
24	25	29		30			ᆚ	Personal Property Tax.	Yes	5 (No
	9. Name and Address of Current	Regis	tered Agent		- 1		10.	Name and Address of New Registered	Agent		
	LILA AROLLAFI			8	1	Name					
	ALLA, MICHAEL MCMULLEN BOOTH RD			8	2	Street Addre	ess (P	P.O. Box Number is Not Acceptable)			
316				8	3						
CLEA	ARWATER FL 33759				_				Tanl		
				8	4	City		. FL	85	Zip C	ode
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	if Horic	ta. Such change was au	thorized b	ıy t	tne corporatior	oration n's bo	n submits this statement for the purpose of oard of directors. I hereby accept the appoi	changii ntment	ng its r as reg	egistered istered
SIGNATURE								reinstating) DATE			
	Signature, typed or printed name of registered agent				jent	t signature required		ADDITIONS/CHANGES TO OFFICERS AN	n nipi	CTO	25 IN 12
12.	OFFICERS ANI	שאוט כ	DELETE	13.				ADDITIONS/CHANGES TO CIFICERS AT	□ Ch		Addition
TITLE	DP			1							_
NAME)	LASALLA, MICHAEL	140		1.2 NAME							
STREET ADDRESS	2471 MCMULLEN BOOTH RD, 3	10				ADDRESS					[
CITY-ST-ZIP	CLEARWATER FL		Deter	1.4 CITY-		r- ZIP			Chi	enne	Addition
TITLE	V		☐ DELETE	2.1 TITLE					□ 0 14	unge	
NAME	MONTGOMERY, THOMAS			2.2 NAME		l l					ļ
STREET ADDRESS	2471 MCMULLEN BOOTH RD, 3	316		2.3 STRE	ET.	ADDRESS					
CITY-ST-ZIP	CLEARWATER FL		<u>_</u>	2.4 CITY	'-S1	T-ZIP					
TITLE ·	,		☐ DELETE	3.1 TITLE	•	f		نو شوه د م ه ر ۱۳۰۰ م	Ch:	ange	Addition
NAME	La Servicia de la Carta de la			3.2 NAME	Ε						
STREET ADDRESS				3.3 STRE	ΕT	ADDRESS)
CITY-ST-ZIP			<u></u>	3.4. CITY	-\$1	T-ZIP	_				
TITLE			☐ DELETE	4.1 TITLE	: -				☐ Ch	ange	☐ Addition
NAME				4. 2 NAM	E						
STREET ADDRESS				4.3 STRE	ΕT	ADDRESS					}
CITY-ST-ZIP				4.4 C(TY	·ST	r-ZIP					}
TITLE			□ DELETE	5.1 TITLE					☐ Ch	ange	☐ Addition
NAME				5.2 NAME							l
STREET ADDRESS				5.3 STRE	£Τ	ADDRESS					-
·				5.4 CITY-							Ì
CITY-ST-ZIP			☐ DELETE	6.1 TITLE					☐ Ch	ange	☐ Addition
			عارجتان ن	6.2 NAME						-	_
NAME						ADDRESS					Į
STREET ADDRESS	_			1							,
CITY ST. ZÎD	, ""			6.4 CITY-	-51	I-ZIP]					

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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u> 3-17-99</u>

727-724-9559

Daytime Phone #

34 (11/98)