## 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

## DOCUMENT # J08468

1. Corporation Name

TIN ROO	t lees, inc.							<b>                                    </b>				
Principal Place	of Business		ailing Address				- J DARLINE AND BOOK IRLIN AVOID BINDS FOR	i Bibli Gil	HE BIRK DIA	<u> </u>	ı	
1606 BUNTING LANE			% RONALD T. WRENN									
SANIBEL FL 33957		160	1606 BUNTING LANE				20.007.007.0		20.405			
U\$			SANIBEL FL 33957				DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualifed 04/09/1986					
2. Principal Place of Business			a. Mailing Address				4. FEI Number ,Applied.For					
21			1				59-2680179		Not Applicable			
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.						\$8.7!	5 Additional	٦	
22							5. Certificate of Status Desired		Fee	Required		
City & State	9		City & State				6. Election Campaign Financing		\$5.0	<b>0</b> May Be		
23		28					Trust Fund Contribution		Adde	d to Fees		
Zip	Country	<u> </u>	Zip .	Country			8. This corporation owes the current y			. Who		
24	[25]	29	30	<u> </u>			Personal Property Tax.  10. Name and Address of New Regis		☐ Yes	No	$\dot{\dashv}$	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curren	t Regis	tered Agent	81	Nar		10. Name and Address of New Regis	tereu A	Meur		$\dashv$	
WRE	NN, DOROTHY M.			L	1461						_	
1606 BUNTING LANE				82	Stre	et Addre	ess (P.O. Box Number is Not Acceptable)					
SANIBEL FL 33957				83	-				<del></del>		ㅓ	
				84	City	<i>,</i>		FL	85  Zi	ip Code		
office or re agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florid	ia. Such change was autho	onzed by	the c	ed corpo orporation	oration submits this statement for the purp n's board of directors. I hereby accept the	ose of c appoin	:hanging tment as	its registered registered		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title	if applicable. (NOTE: Reg	stered Ager	nt signat	ure required	when reinstating)	ATE			_	
12.	OFFICERS AN	D DIRE	···	13.			ADDITIONS/CHANGES TO OFFICE	RS ANI				
TITLE	D		☐ OELETE	1.1 TITLE		ļ			Chang	ge 🔲 Additi	on	
NAME	WRENN, RONALD T.			1.2 NAME							- }	
STREET ADDRESS	1606 BUNTING LANE			1.3 STREE		ESS						
CITY-ST-ZIP	SANIBEL FL			1.4 CITY-S	T-ZIP				Chang	ge		
TITLE			2.1 TITLE					☐ Cuant	je 🗆 Addili	011		
NAME	WRENN, DOROTHY M. 1606 BUNTING LANE			2.2 NAME							Ì	
STREET ADDRESS	SANIBEL FL		į	2.3 STREE		ESS					)	
CITY-ST-ZIP	SAINDEL PL		☐ DELETE	2. 4 CITY-5 3.1 TITLE	SI-ZIP	+-			Chang	ge Additi	ion	
TITLE NAME				3.2 NAME								
STREET ADDRESS				3.3 STREE	T ADDRI	ESS					1	
CITY-ST-ZIP			:	3.4. CITY-5							-	
TITLE			☐ DELETE	4.1 TITLE					Chang	ge 🔲 Additi	ion	
NAME				4. 2 NAME								
STREET ADDRESS				4.3 STREE	T ADDRI	ESS						
CITY-ST-ZIP			l	4.4 CITY-S			<u></u>					
TITLE			☐ DELETE	5.1 TITLE					Chang	ge 🗌 Additi	ion	
NAME				5.2 NAME								
STREET ADDRESS				5.3 STREE	TADOR	ESS					- {	
CITY-ST-ZIP			<u> </u>	5.4 CITY-S	T-ZIP						$\perp$	
TITLE			☐ OELETE	61 TITLE					Chang	ge 🔲 Additi	ion	
NAME				6.2 NAME								
STREET ADDRESS				6.3 STREE	T ADDRI	ESS					- 1	

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 in changed, or or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90080 030 \*\*\*150.00