

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -7 AM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J29675

(2)

1. Corporation Name
T.L.B. CORP.

Principal Place of Business
**398 SHEFFIELD CIRCLE EAST
PALM HARBOR FL 34683**

Mailing Address
**398 SHEFFIELD CIRCLE EAST
PALM HARBOR FL 34683**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/20/1986** 3a. Date of Last Report **04/08/1994**

2. Principal Place of Business		2a. Mailing Address		4. FBI Number		Applied For	
21		26		59-2715016		☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ Yes ☒ No	
Zip	Country	Zip	Country				
23	25	28	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEAR, ROBERT, L, ESQ
2605 ENTERPRISE RD EAST
#110
CLEARWATER FL 34619**

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)

(Typed, Registered Agent, signature (typed) when substituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GILCHRIST, BRIAN O.
STREET ADDRESS	398 SHEFFIELD CIR E
CITY - ST - ZIP	PALM HARBOR FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), 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 it were 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:

Brian O. Gilchrist

BRIAN O. GILCHRIST

April 3, 1995 (813) 786-3532

(Typed, Registered Agent, signature (typed) when substituting)

DATE

Signature, Name &