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 # J47952 1. Corporation Name

Country

9. Name and Address of Current Registered Agent

25

T.P. SERVICES, INC.

Principal Place of Business

2. Principal Place of Business

PECK, THOMAS

5121 20TH STREET WEST **BRADENTON FL 34207**

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

5121 20TH STREET W. **BRADENTON FL 34207** 5121 20TH STREET W. **BRADENTON FL 34207**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

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FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90086 005 ***150.00



	DO NOT WRITE IN THIS SPACE					
	3.	Date Incorporated or Qualifed		_		
		12/10/1986				
	4, FEI Number				Applied For	
		59-2804287		П	Not Applicable	
	5.	Certificate of Status Desired			5 Additional Required	
=	≃6.	Election Campaign: Einancing- Trust Fund Contribution			00-May Be ed to F ees	
	8.	This corporation owes the curr Personal Property Tax.	rent yea	r Intangible	No	
	10.	Name and Address of New I	Registe	red Agent		

Street Address (P.O. Box Number is Not Acceptable)

Zip Code 84 City 85 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.

Country

81 Name

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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P DELETE	1.1 TITLE	☐ Change ☐ Addition				
NAME	PECK, THOMAS	1,2 NAME					
STREET ADDRESS	5121 20TH STREET WEST	1,3 STREET ADDRESS	S				
CITY+ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP					
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition				
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS	S				
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	<u> </u>				
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition				
NAME	A STATE OF THE STA	.32 NAME					
STREET ADDRESS		3.3 STREET ADDRESS	s				
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition				
NAME '		4, 2 NAME					
STREET ADDRESS		4,3 STREET ADDRESS	S				
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition				
NAME	•	5.2 NAME	·				
STREET ADDRESS		5.3 STREET ADDRESS	s				
CITY-ST-ZIP	·	5.4 CITY-ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition				
NAME	•	6.2 NAME					
STREET ADDRESS	•	6.3 STREET ADDRESS	s				
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

14. 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 one appears with all other like empowered.

SIGNATURE: