

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

DOCUMENT # J51140

1. Corporation Name

T. L. + M. A. Corp.

Principal Place of Business

*114 13th ST. E.
TIERRA VERDE, FLA
33715*

Mailing Address

*114 13th ST. E.
TIERRA VERDE, FLA
33715*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12-24-1986

3a. Date of Last Report

1994

4. FEI Number

59-2753821

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 has liability for intangible tax under S 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 *114 13th ST. E.*

2a. Mailing Address

26 *114 13th ST. E.*

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23 *TIERRA VERDE,*

City & State

28 *TIERRA VERDE,*

Zip

24 *33715*

Country

25 *FLORIDA*

Zip

29 *33715*

Country

30 *FLORIDA*

9. Name and Address of Current Registered Agent

*Timothy L. BRAGG - DECEASED
114 13th ST. E.
TIERRA VERDE, FLA 33715*

10. Name and Address of New Registered Agent

81 Name *MARCIA A. BRAGG*

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

114 13th ST. E.

83

84 City *TIERRA VERDE,*

FL

85

Zip Code *33715*

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 *MARCIA A. BRAGG - SECRETARY*

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

Marcia A. Bragg

(NOTE: Registered Agent signature required when transferring)

5-11-95

DATE

12. OFFICERS AND DIRECTORS

TITLE *SECRETARY*
NAME *MARCIA A. BRAGG*
STREET ADDRESS *114 13th ST. E.*
CITY, ST., ZIP *TIERRA VERDE, FLA 33715*

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

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CITY, ST., ZIP

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CITY, ST., ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST., ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST., ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST., ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST., ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST., ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST., ZIP

*1000001498391
-05/24/95--01073--014
****225.00 ****225.00*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE *Marcia A. Bragg - MARCIA A. BRAGG*

Signature and typed or printed name of signing officer or director

5-11-95

DATE

1813866-2179

Document Number

**APPROVED
AND
FILED**

95 MAY 23 AM 9:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**