

SECURED NOTICE: CORPORATION SHALL BE INCORPORATED ON OR AFTER AUGUST 8, 1995. ANYBODY ELSE CAN OR DESERVE HAVE: STATE OF FLORIDA, INCORPORATION REPORT FOR THE YEAR 1995.

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # JB1781 (3)

1. Corporation Name

T & D PRODUCTS, INC.

Principal Place of Business
**6950A 108TH AVENUE NORTH
LARGO FL 34647**

Mailing Address
**6950A 108TH AVENUE NORTH
LARGO FL 34647**

FILED

95 JUL 25 AM 8:16

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/08/1987

3a. Date of Last Report
07/05/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2821459

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

Country

29

Zip

30

Country

8. This corporation has liability for intangible tax under s. 199.002,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAYNARD, THEODORE J
2852 MEADOW VIEW AVE
LARGO, 34641**

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 fee if applicable)

(NOTE: Registered Agent signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**PT
MAYNARD, THEODORE J.
2852 MEADOWS VIEW AVE
LARGO FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**VS
MAYNARD, DIANE C.
2852 MEADOW VIEW AVE
LARGO FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

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CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/95

(813) 541-7317