## 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

## FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90007 021 \*\*\*150.00

## DOCUMENT # J81781

T & D PRODUCTS, INC.

1401				··				
Principal Place	e of Business	Mailing Address						
6950A 108TH AVENUE NORTH LARGO FL 33777		6950A 108TH AVENUE NORTH LARGO FL 33777						
US	•	US				DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
	_					07/08/1987		
Principal Place of Business     2a. Mailing Address						4. FEI Number	<b>⊢-</b> -	Applied For
1 2252	MEHDOW VIEW AVE	26 2352 MEADOW VIEW AYR			9yr <u>.                                    </u>	59-2821459		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
.2		27				7-	Fee F	
City & Stat	le	City & State				6. Election Campaign Financing		May Be
3 LADIC	o, FL	28 LARCO, FL				Trust Fund Contribution		to Fees
Zip Country 25 U.S.A. 25 U.S.A.		Zip Country 30 U.S.			7	8. This corporation owes the current year Inta	ingible □Yes	.₽₹√6
4 991	7 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		<u> </u>	(),	<del>,</del>	Personal Property Tax.  10. Name and Address of New Registered A		
	9. Name and Address of Current	veðisteten viðaut		B1 Na	me	19. Hame and Addites of Hen Hogisteley		
MAY	NARD, THEODORE J							
2852 MEADOW VIEW AVE				B2 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)		
LARGO, 33771			-	B3				
LAIN	do, <i>doi</i> i i			3				
			Ī	84 Cit	7	FL	85 Zi	Code
office or r	registered agent, or both, in the State o Im familiar with, and accept the obligation	f Florida. Such change was autr ons of, Section 607.0505, Florid	norized a Statu	by the d	orporatio	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoir	changing i	ts registered registered
	Signature, typed or printed name of registered agent			igent signa	ture required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	TOPS IN 12
12.	OFFICERS AND	DELETE	13.	<u> </u>	-	ADDITIONS/CHANGES TO OFFICERS AIN	☐ Change	
TITLE	PT TUTODODE I	□ DELCT	1.1 TITLE 1.2 NAME					
NAME	MAYNARD, THEODORE J.	9	1		500			Ì
STREET ADDRESS			•	EET ADDF	ESS			
CITY-ST-ZIP	LARGO FL	DELETE	2.1 TITI	r-ST-ZIP	-		Change	e [] Addition
TITLE	1 ' *	_						
NAME	MAYNARD, DIANE C.	•	2.2 NAJ					
STREET ADDRESS	1			EET ADDR				
CITY-ST-ZIP_	LARGO FL	☐ DELETE		Y-ST-ZIP			☐ Change	Addition
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NAME			i					ľ
STREET ADDRESS				EET ADDR	ESS			[
CITY-ST-ZIP		☐ DELETE	3.4, CIT	Y-ST-ZIP			[] Chang	e  Addition
TITLE	<b>\</b> .		1					_
NAME			4. 2 NA		Fee			1
STREET ADDRESS				EET ADDF	E55			
CITY-ST-ZIP		☐ DELETE	5.1 TITI	Y-ST-ZIP	<del></del>		☐ Chang	e
TITLE	ļ	ب عربداد	5.1 1111 5.2 NAI					_
NAME				III. Reet adde	FSS	. •		[
STREET ADDRESS				Y-ST-ZIP				]
CITY-ST-ZIP				, 01-211				o El Addition
TITLE		□ DELETE	6.1 7111	.E			☐ Chang	B     Malanalan I
		☐ DELETE	6.1 TITI				☐ Chang	e 🗌 Addition
NAME STREET ADDRESS	·.	DELETE	6.2 NA		FSS		☐ Chang	e ( ) Addition

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

SIGNATURE: