Applied For

## 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 # K09130 1. Corporation Name

TPT, INC.

Principal Place of Business % RICHARD R. TROMPKE

2068 68TH AVENUE. SOUTH

ST. PETERSBURG FL 33712

Mailing Address

2a. Mailing Address

% RICHARD R. TROMPKE 2068 68TH AVENUE. SOUTH ST. PETERSBURG FL 33712



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01/01/1988

4. FEI Number

2. Principal f	Principal Place of Business 2a. Mailing Address				4. FEI Number	Ar	pplied For
21	26				59-2876017	No.	ot Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22	27				5. Certifcate of Status Desired	Fee R	equired
City & State City & State					6. Election Campaign Financing	\$5.00	May.Be
23	28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year In:	tangible	
24	25 29 30				Personal Property Tax.	ŬYes	□No
1	9. Name and Address of Curren	<del>                                    </del>			10. Name and Address of New Registered	Agent	
			81	Name			
TROMPKE, RICHARD R.				PO Chart Address (D.O. Bey Number in Not Acceptable)			
2068 68TH AVENUE, SOUTH				82 Street Address (P.O. Box Number is Not Acceptable)			
ST. PETERSBURG FL 33712							
			84	City	FL	85 Zip	Code
	<del> </del>	0 1 007 4500 51-22-07 11				f changing its	registered
office or	registered agent or both in the State	of Florida, Such change was au	ithorized by	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoi	intment as re	gistered
agent. I	am familiar with, and accept the obliga	tions of, Section 607.0505, Flori	ida Statutes	•			
SIGNATURE	<b>=</b>						
	Signature, typed or printed name of registered ager			nt signature require	ed when reinstating) DATE	ND DIDECT	2DC IN 12
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AT	☐ Change	Addition
TITLE	D D	☐ DELETE	1,1 TITLE			☐ Criange	
NAME	TROMPKE, RICHARD R.		1.2 NAME				
STREET ADDRESS			1.3 STREE	TADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL	<u></u>	1.4 CITY-S	T- ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	TROMPKE, LOIS E.		2.2 NAME				
STREET ADDRESS	2068-68TH AVE., S.		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		2, 4 CITY-S	ST-ZIP		_	
TITLE			3.1 TITLE			☐ Change	☐ Addition
NAME	TROMPKE, RICHARD E.		3.2 NAME				
STREET ADDRESS	ACCO COTIL LIFE O		3.3 STREET	TADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL		3.4. CITY-S				
TITLE		DELETE	4.1 TITLE			Change	☐ Addition
		<del></del>	4.2 NAME	-			
NAME	_			T ADDRESS			
STREET ADDRESS	s						
CITY-ST-ZIP		DELETE	4.4 CTY-S	I-ZIP		Change	Addition
TITLE			5.1 TITLE 5.2 NAME				
NAME							
STREET ADDRESS	s		1	TADORESS			
CITY-ST-ZIP			5.4 CITY- S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	s		6.3 STREE	T ADDRESS			
CITY_ST_7ID			6.4 CITY-S	T-ZIP			

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: