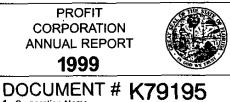
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name TUFF T'S, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 19, 1999 8:00 am Secretary of State 04-19-1999 90124 001 ***150.00

Principal Place of Business Mailing Address									•
		8826 GROW DRIVE							
		PENSACOLA FL 32514	'ENSACOLA FL 32514			DO NOT WRITE IN THIS SPACE			
					3.	Date incorporated or Qualifed	i —		
						03/30/1989			
2. Principal P	lace of Business	2a. Mailing Address				FEI Number		Apr	olied For
21		26			!	59-2943581		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5	Certifcate of Status Desired		\$8.75 A	
22		27			Certificate of Otalido Desiroo		Fee Red	quired	
City & Stat	е	City & State				Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Country	,		This corporation owes the cur	rent year inta	angible ∐Yes i	□No
24	25	29 30	91			Personal Property Tax. Name and Address of New	Registered /		
_	9. Name and Address of Current	Registered Agent	81	Name		Raine and Address of New	registeres :	<u> </u>	
KEN	ter, William a		L						
8826	GROW DRIVE		82	Street	Address (P.	O. Box Number is Not Accept	table)		
PEN:	SACOLA FL 32514	•	83	 					
			-					7:- C	<u></u>
,			84	(FL	85 Zip C	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligati	and 607.1508, Florida Statutes,	the abov	e-named	corporation	submits this statement for the	e purpose of	changing its	registered
office or r agent. I a	egistered agent, or both, in the State of im familiar with, and accept the obligati	ir Florida. Such change was auth ions of, Section 607.0505, Florida	a Statutes	the corp i.	MIANOR S DO	and of directors. Thereby acce		/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE	1 ////// 1/ //						5/50	9 <u>/9</u> 9	
	Signature, typed or printed name of registered agent			nt signature	required when re	einstating) ADDITIONS/CHANGES TO O	DATE EFICEDS AN	D DIPECTO	DS IN 12
12.	OFFICERS AND	D DIRECTORS DELETE	13.		, 	IDDITIONS/CHANGES TO O	FICERS AN	Change	Addition
TITLE	PENNINGER, SAMUEL A JR.	C DETELL	1.2 NAME		1				
NAME	8826 GROW DRIVE			T ADDRESS					
STREET ADDRESS	PENSACOLA FL 32514							,	
CITY-ST-ZIP TITLE	PRES	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-ZP	+-			Change	Addition
NAME	KENTER, WILLIAM A		2.2 NAME						
STREET ADDRESS	ACCO OROM DDB/F	·		T ADDRESS	<u>.</u>	والمساوية والأراب	_		
CITY-ST-ZIP	PENSACOLA FL 32514		2. 4 CITY-					•	· -
TITLE	VP	☐ DELETE	3.1 TITLE					Change	Addition
NAME	PEOPLES, JAMES D		3.2 NAME						
STREET ADDRESS	8826 GROW DRIVE		3.3 STREE	T ADDRESS	s				1
CITY-ST-ZiP	PENSACOLA FL 32514		3.4. CITY-5	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		ASST.	Secretary		☐ Change	Addition
NAME			4. 2 NAME		DINA	M. DANIELE,	CPA.		
STREET ADDRESS			4.3 STREE	T AODRESS	8826	M. DANIELE, Grow DRIV	C		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	1/ENS	acola, FL 32	1514		C Live-
TITLE]	☐ DELETE	5.1 TITLE					Change	Addition
NAME	}		5.2 NAME						}
STREET ADDRESS			E	T AODRESS	³ [
CITY-ST-ZIP		C1 DELETE	5.4 CITY - S 6.1 TITLE	ST-ZIP	_			Change	Addition
TITLE	I .	I I DELETE !	■ U. 1 111LE		1			1 Unande	

14. Thereby 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 chapted, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

774 E. J.E

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

CR2E034 (11/98)