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 # K82397 1. Corporation Name

TREMBLAY, INC.

Principal Place of Business Mailing Address 99 MAR -4 AM 11: 20

SLEADING FOR STATE TALLAHASSEE. FLORIDA



SPRING HILL FI		400						
US		TARPON SPRINGS FL 34689			DO NOT WRITE IN THIS SPACE			
		US			3. Date Incorporated or Qualifed 04/21/1989			
2. Principal Pl	lace of Business	2a. Mailing Address		,	4. FEI Number	Apr	olied Far	
21		26			59-2946407	Not	Applicable	
Suite, Apt.	Suite, Apt. #, etc.	pt. #, etc.		5. Certifcate of Status Desired	\$8.75 A			
City & State	<u> </u>	City & State					·	
23	28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to		
Zip 24	Country 25	Zip [29]	Country	y	This corporation owes the current year Int Personal Property Tax.		χ ίΝο	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered	Agent		
			81	Name			7	
	IIS, GEORGE N		82	Street Ad	eet Address (P.O. Box Number is Not Acceptable)			
	ORTH RING AVE			Owen	West Address (F. O. Dox Administration Acceptable)			
	E 400 PON SPRINGS FL 34689		83					
1744	ON SITHINGS I E STOSS		84	City	F1	85 Zip C	ode	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flori	ida Statutes	S	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoi	changing its r ntment as reg	registered pistered	
	Signature, typed or printed name of registered a			nl signature requ	uired when reinstating) DATE			
12.		AND DIRECTORS	13.	т	ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D DELETE TREMBLAY, LOUIS S. 13017 FEATHER STREET SPRING HILL FL		1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP			Change	Addition	
NAME					900029007194 -03/10/9301056025 ****150,00 ****150,00			
STREET ADDRESS								
CITY-ST-ZIP					****150.00			
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NAME								
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CITY-ST-ZIP			2 4 CITY-	ST-ZIP	····			
TITLE		☐ DELETE	31 TITLE	}		Change	[]] Addition	
NAME .			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CTTY-S1-ZIP			34 OITY-	ST-ZIP				
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STREET ADDRESS			53STREE	TADDRESS		W I		
CITY-ST-ZIP			54 CITY S	ST-ZIP	(4	{	
TITLE		DELETE	61 TITLE			Change	Addition	
NAME			62 NAME	[
STREET ADDRESS			63STREE	T ADDRESS			{	

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 of the receiver or trustee empowered to execute this report as required by Chapter 60?, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, optim an attachment with en address, with all other like empowered.

SIGNATURE: