Applied For

Not Applicable

### 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 # L47751

2606-GREATVIEW-PLACE

1. Corporation Name

TONE & ASSOCIATES, INC.

Principal Place of Business	
:104 CROOKED CREEK WAY 'ALRICO FL 33594	

2. Principal Place of Business

IS

Mailing Address

C/O JOHN M. STRICKLAND 46 N. WASHINGTON BLVD., STE. 1 SARASOTA FL 34236

2a. Mailing Address

26

# **FILED** Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90008 047 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02/06/1990 4. FEI Number

59-2997232

Suite, Apt. i	e, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired
!					5. Certificate of Status Besilied Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
WALK!	eo <del>florid</del> a				Trust Fund Contribution Added to Fees
Zip	Country	_ "'	Country		8. This corporation owes the current year Intangible
3349	25	29 30			Personal Property Tax.   ☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
0704	010 4010 40110 44		81	Name	
STRICKLAND, JOHN M. 46 N WASHINGTON BLVD. #1				Street A	Address (P.O. Box Number is Not Acceptable)
SARASOTA FL 34236			-		85 Zip Code
			84 City FL 85 Zip Code		
1. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes, tl	he above	e-named c	corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change was author	nzed by	the cordoi	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	•				
	Signature, typed or printed name of registered agent a			t signature re	quired when reinstating) DATE
2.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ITLE	DPT		1.1 TITLE		
AME	TONE, WILLIAM R		1.2 NAME	1	0.000 000000000000000000000000000000000
TREET ADDRESS	2104 CROOKED CREEK WAY		1.3 STREET	ADDRESS	2 <del>606 GREATVIEW PLACE</del>
ITY-ST-ZIP	VALRICO FL		1.4 CITY-S	r- ZIP	VALRICO FLORIDA 33495
ITLE	\$	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
AME	TONE, PAULETTE J		2.2 NAME		
TREET ADDRESS	2104 CROOKED CREEK WAY	•	2.3 STREET	ADDRESS	2606 GREATVIEW PLACE
ITY-ST-ZIP	VALRICO FL		2. 4 CITY-S	T-ZIP	VALRICO FLORIDA 33495
ITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
AME			3.2 NAME		
TREET ADDRESS		1	3.3 STREET	ADDRESS	
ITY-ST-ZIP			3.4. CITY-S	T-ZIP	
TLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
AME			4. 2 NAME	ĺ	
TREET ADDRESS			4.3 STREET	ADDRESS	
ITY-ST-ZIP			4.4 CITY-S	F-ZIP	
TLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
AME (			5.2 NAME		
TREET ADDRESS			5.3 STREET	ADDRESS	
TY-ST-ZIP			5.4 CITY-S	r-zip	
TLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
AME			6.2 NAME		
TREET ADDRESS		•	6.3 STREET	FADORESS	
			6.4 CITY-S	T-ZIP	
TY-ST-ZIP		this files does not qualify for the			in Section 119 07/3Vi) Florida Statutes I further certify that the information

I nereby 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.