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COF ANNU	PROFIT DRPORATION NUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 14 1997 8:00am Secretary of State		
	MENT # L570	93	(1)				
T-MAC S	SALES & SERVICE, INC	•			e elemen der bind blev bekil einer di). Oloni bien oloni oloni o	H a ss 200 2
Principal Plac	e of Business	Mailing	g Address				
7096 LANE OAK BLVD. NAPLES FL 33942 US			7098 LONE OAK BLYD Naples fl 34109-8876 Us				
					3. Date Incorporated or Qualified 03/06/1990	04/15/1996	
2. Principal P	flace of Business	2a. Ma 26	iling Address		4. FEI Number 65-0174699	——————————————————————————————————————	plied For t Applicable
Suite, Apt	#, etc	Sui	te, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A	dditional
City & Stat	e	[27] Cit	y & State		6. Election Campaign Financing	Fee Re	<u>-</u>
23] Zip	Country	28	· · · · · · · · · · · · · · · · · · ·	Country	Trust Fund Contribution	Added to	o Fees
24	Country 25	Zip 29	1	30	This corporation has liability of Florida Statutes	r intangible tax under s. Yes No	199.032,
office or r agent. La	to the provisions of Sections 60 egistered agent or both, in the militarywith, and accept the	07.0502 and 607.1 State of Florida. Soliting the State of Florida. Se	508, Florida Statut Such change was a ction 607-5105, Flo	es, the above-named cor authorized by the corpora orida Statutes.	ADICS poration submits this statement for the ation's board of directors. I hereby accidents	Purpose of changing lite appointment as i	ode 9 s registered registered
SIGNATURE	· · · · · · · · · · · · · · · · · · ·	ured agent and title if app	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	E. Rogistered Agent signature requ		DATE	
12.	D CONTICE!	RS AND DIRECTO	DELETE	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS Change	\$ IN 12 Addition
NAME	MORTON, GLENN A			1.2 NAME			
STREET ADDRESS CITY+ST- AP	5128 HIGH ST. NAPLES FL			1.3 STREET ADDRESS			
THE			DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	***************************************	Change	Addition
NAME				2.2 NAME			
STREET ADDRESS CITY+ST-ZiP				2 3 STREET ADDRESS 2. 4 CITY-ST-ZIP	*		Ì
7111.5			DELETE	3.1 TITLE		☐ Change	Addition
NAME STREET ADORESS				. 3.2 NAME 3.3 STREET ADDRESS			
City-S1-7/2				3.4. C(TY-ST-ZIP			
TILLE			DELETE	4.1 TITLE		☐ Change	Addition
NAME STREET ADURESS				4. 2 NAME 4.3 STREE1 ADDRESS			}
CDY-ST 70°		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	4.4 CITY-ST-ZIP		·	
THE NAME			☐ DELETE	5.3 TITLE		Change	Addition
STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS			
CITY - S1 - ZIP			T = 5	5.4 CITY - ST - ZIP	1P		
TITLE			DELETE	61 TITLE 6.2 NAME		☐ Change	Addition
STREET ADDRESS				6.2 NAME 6.3 STREET ADDRESS			}
City+Si-7iP	L	· · · · · · · · · · · · · · · · · · ·	·	6.4 CITY - ST - ZIP			
14. I do herel informatio	by certily that the information so in indicated on this armual report from our director of the corners	applied with this fill out or supplementation or the receive	ling does not quality I annual report is to	y for the exemption state rue and accurate and tha	d in Section 119.07(3)(i), Florida Statut at my signature shall have the same leg ort as required by Chapter 807, Florida	es. I further certify that t	the der oath; that