

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

FILED  
Mar 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **L59401** (4)  
1. Corporation Name  
**TODD DOLOMITE, INCORPORATED**



Principal Place of Business <b>% RICHARD L TODD STAR ROUTE 1 BOX 160 COUNTY RD 30 PORT ST JOE FL 32456</b>	Mailing Address <b>% RICHARD L TODD STAR ROUTE 1 BOX 160 COUNTY RD 30 PORT ST JOE FL 32456</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2880 CR30</b> Suite, Apt. #, etc. 22 <b>PORT St. Joe, FL.</b> City & State 23 <b>PORT St. Joe, FL.</b> Zip 24 <b>32456</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>P.O. Box 206</b> Suite, Apt. #, etc. 27 City & State 28 <b>PORT St. Joe, FL.</b> Zip 29 <b>32457</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>03/22/1990</b>	
		4. FEI Number <b>59-3001176</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TODD, RICHARD L.  
STAR ROUTE 1 BOX 160 COUNTY RD 30  
PORT ST JOE FL 32456**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accountable to, the corporation. Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed & printed name of registered agent and MIA, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>TODD, THOMAS M</b>	
STREET ADDRESS	<b>104-D COUNTY RD 30</b>	
CITY-ST-ZIP	<b>PORT ST JOE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>TODD, RICHARD L</b>	
STREET ADDRESS	<b>S R 1 BOX 160</b>	
CITY-ST-ZIP	<b>PORT ST JOE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>TODD, DONNA L</b>	
STREET ADDRESS	<b>S R 1 BOX 160</b>	
CITY-ST-ZIP	<b>PORT ST JOE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>TODD, E MARIE</b>	
STREET ADDRESS	<b>104-D COUNTY RD 30</b>	
CITY-ST-ZIP	<b>PORT ST JOE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>TODD, THOMAS M</b>	
1.3 STREET ADDRESS	<b>2720 CR30</b>	
1.4 CITY-ST-ZIP	<b>PORT ST JOE, FL. 32457</b>	
2.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Todd, Richard L.</b>	
2.3 STREET ADDRESS	<b>5451 SANDBAR DR.</b>	
2.4 CITY-ST-ZIP	<b>PORT ST JOE, FL. 32456</b>	
3.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Todd, DONNA L.</b>	
3.3 STREET ADDRESS	<b>5451 SANDBAR DR.</b>	
3.4 CITY-ST-ZIP	<b>PORT ST JOE, FL. 32456</b>	
4.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>TODD, E. MARIE</b>	
4.3 STREET ADDRESS	<b>2720 CR30</b>	
4.4 CITY-ST-ZIP	<b>PORT ST JOE, FL 32456</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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.

SIGNATURE:

3-20-98 (850)-229-8397

CR2E034 (10/97)