SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 9:20

DOCUMENT # **L64778** **(8)**

1. Corporation Name

TB & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
27725 OLD 41 ROAD, SUITE #103 BONITA SPRINGS FL 33923	27725 OLD 41 ROAD, SUITE #103 BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 8951 Bonita Bch Rd-#297	26 8951 Bonita Bch Rd #297
Suite, Apt. #, etc. 22 Suite #297	Suite, Apt. #, etc. 27 Suite #297
City & State 23 Bonita Springs, FL	City & State 28 Bonita Springs, FL
Zip / County 24 33923 / 25 Lee	Zip / County 29 33923 / 30 Lee

4. FEI Number: 65-0190363 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAM T. BARRETT , 111
10630 WOOD IBIS AVE SE
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent — Change

81 Name: W. Thomas Barrett III
82 Street Address (P.O. Box Number is Not Acceptable): 10630 Wood Ibis Ave. SE
83
84 City: Bonita Springs FL 85 Zip Code: 33923

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDS	11 TITLE	PDS	☒ Change ☐ Addition
NAME	BARRETT, WILLIAM T. 111	12 NAME	W. Thomas Barrett III	
STREET ADDRESS	10630 WOOD IBIS AVE SE	13 STREET ADDRESS	10630 Wood Ibis Ave SE	
CITY-ST-ZIP	BONITA SPRINGS FL	14 CITY-ST-ZIP	Bonita Springs FL	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BARRETT, WILLIAM T., JR.	22 NAME		
STREET ADDRESS	2777 GULFSHORE BLVD. N.	23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	GRADY, ROBERT	32 NAME		
STREET ADDRESS	27227 PULLEN AVE. #A22	33 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☒ Change ☐ Addition
NAME	HENDRICKS, CHARLES	42 NAME	Resigned Effective January 1995	
STREET ADDRESS	625 10TH STREET NORTH	43 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	PORTER, T. VAN IV	52 NAME		
STREET ADDRESS	1400 POMPEI LANE #5J	53 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: W. Thomas Barrett Pres 6-9-95 (813)992-2700
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date

0107008 CP