

8-5-97 15 8110-C  
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L64778 (8)  
1. Corporation Name  
TB & ASSOCIATES, INC.



Principal Place of Business  
8951 BONITA BEACH RD #297  
SUITE 297  
BONITA SPRINGS FL 33923  
US

Mailing Address  
8951 BONITA BEACH RD  
#297  
BONITA SPRINGS FL 33923  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		22		04/12/1990		04/22/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		23		65-0190363		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		24		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	
24		25		34135		30 Lee	

9. Name and Address of Current Registered Agent

BARRETT, W. THOMAS III  
10630 WOOD IBIS AVENUE SE  
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PDS	DELETE
NAME	BARRETT, WILLIAM T. 111	
STREET ADDRESS	10630 WOOD IBIS AVE SE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	S	DELETE
NAME	BARRET, EMOLEE S.	
STREET ADDRESS	2777 GULF SHORE BLVD. N.	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	VO	DELETE
NAME	GRADY, ROBERT	
STREET ADDRESS	27227 PULLEN AVE. #A22	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change Addition
3.2 NAME	V. President
3.3 STREET ADDRESS	Vicki W. Barrett
3.4 CITY-ST-ZIP	10630 Wood Ibis Ave SE
4.1 TITLE	Change Addition
4.2 NAME	Bonita Springs, FL 34135
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: \_\_\_\_\_ 7/28/97 941-947-1355

CR2E034 (4/97)