

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 01 1998 8:00am
Secretary of State

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



Principal Place of Business
9061 BONITA BEACH RD #207-
SUITE 207
BONITA SPRINGS FL 34135
US

Mailing Address
9200 BONITA BEACH RD
#208
BONITA SPRINGS FL 34135
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/12/1990

4. FEI Number
65-0190363

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 9200 Bonita Beach Rd
Suite, Apt. #, etc.
22 208
City & State
23 Bonita Springs FL
Zip
24 34135
Country
25 USA

2a. Mailing Address
26 9200 Bonita Beach Rd
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

BARRETT, W. THOMAS III
10630 WOOD IBIS AVENUE SE
BONITA SPRINGS FL 33923 34135

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
FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDX	1.1 TITLE	P/D
NAME	BARRETT, WILLIAM T. III	1.2 NAME	
STREET ADDRESS	10630 WOOD IBIS AVE SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	34135
TITLE	\$	2.1 TITLE	
NAME	BARRETT, EMILEE S.	2.2 NAME	BARRETT, Emilee S.
STREET ADDRESS	2777 GULF SHORE BLVD. N.	2.3 STREET ADDRESS	3035 Lancaster Dr.
CITY-ST-ZIP	NAPLES FL 33940	2.4 CITY-ST-ZIP	NAPLES, FL 34105
TITLE	VP	3.1 TITLE	
NAME	BARRETT, VICKI W	3.2 NAME	
STREET ADDRESS	10630 WOOD IBIS AVE SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPGS FL	3.4 CITY-ST-ZIP	34135
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

W. Thomas Barrett III

4/14/98 1041/0417 1300

CR2E034 (10/97)