

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90103 015 \*\*\*150.00

DOCUMENT # **L64778**

1. Corporation Name

**TB & ASSOCIATES, INC.**



Principal Place of Business

9200 BONITA BCH RD  
STE 208  
BONITA SPGS 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

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 owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 10630 Wood Ibis Ave SE

2a. Mailing Address

26 10630 Wood Ibis Ave SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Bonita Springs

City & State

28 Bonita Springs

Zip Country

24 34135 US

Zip Country

29 34135 US

9. Name and Address of Current Registered Agent

BARRETT, W. THOMAS III  
10630 WOOD IBIS AVENUE SE  
BONITA SPRINGS FL 33023-34135

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code  
34135

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

TITLE PD ☐ DELETE

NAME BARRETT, WILLIAM T. 111  
STREET ADDRESS 10630 WOOD IBIS AVE SE  
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE S ☒ DELETE

NAME BARRETT, EMOLEE  
STREET ADDRESS 3035 LANCASTER DR, 4  
CITY-ST-ZIP NAPLES FL 34105

TITLE VP ☐ DELETE

NAME BARRETT, VICKI W  
STREET ADDRESS 10630 WOOD IBIS AVE SE  
CITY-ST-ZIP BONITA SPGS FL 34135

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

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 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, with all other like empowered.

SIGNATURE:

W. Thomas Barrett III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

941-947-4472  
Daytime Phone #

CR2E034 (11/98)