

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L72872 (9)
1. Corporation Name
T & G KLEIN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1847 ENGLEWOOD RD
STE 281
ENGLEWOOD FL 34223
US

1847 ENGLEWOOD RD
SE 281
ENGLEWOOD FL 34223
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1990

4. FEI Number

65-0204156

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐ No

2. Principal Place of Business

21 1811 ENGLEWOOD RD.

Suite, Apt. #, etc.

22 SUITE 281

City & State

23 ENGLEWOOD, FL

Zip

24 34223

Country

25 U.S.

2a. Mailing Address

26 1811 ENGLEWOOD RD.

Suite, Apt. #, etc.

27 SUITE 281

City & State

28 ENGLEWOOD, FL

Zip

29 34223

Country

30 U.S.

9. Name and Address of Current Registered Agent

LEE, H. GREG
2014 FOURTH STREET
SARASOTA FL 34237

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KLEIN, TYRONE M.
1530 PHILIP PLACE
ENGLEWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KLEIN, GLORIA A.
1530 PHILIP PLACE
ENGLEWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P/T/D
KLEIN, TYRONE M.
1811 ENGLEWOOD RD, SUITE 281
ENGLEWOOD, FL. 34223

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
V/S/D
KLEIN, GLORIA A.
1811 ENGLEWOOD RD, SUITE 281
ENGLEWOOD, FL. 34223

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

CP2E034 (10/97)