

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

FILED  
Apr 29 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 # M17707

(4)

1. Corporation Name

TT DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

% THOMAS E. KINDRED  
7938 SW HWY 40  
OCALA FL 34482

% THOMAS E. KINDRED  
7938 SW HWY 40  
OCALA FL 34482

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1985

4. FEI Number

59-2561541

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

2a. Mailing Address

21 7715 W Hwy 40  
Suite, Apt. #, etc.

26 7715 W Hwy 40  
Suite, Apt. #, etc.

22 City & State  
Oraca, FLA

27 City & State  
Oraca, FL

24 Zip Country  
34482 USA

29 Zip Country  
34482 USA

9. Name and Address of Current Registered Agent

KINDRED, THOMAS E.  
10291 W HWY 40  
OCALA FL 34482

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

☐ DELETE

TITLE P  
NAME KINDRED, THOMAS E.  
STREET ADDRESS 10291 W HWY 40  
CITY-ST-ZIP Ocala FL

☐ DELETE

TITLE V  
NAME KINOREO, RODNEY  
STREET ADDRESS 5789 SW 160TH  
CITY-ST-ZIP Ocala FL

☐ DELETE

TITLE T  
NAME BARBER, DEBRA  
STREET ADDRESS 5685 NW 61ST  
CITY-ST-ZIP Ocala FL

☐ DELETE

TITLE S  
NAME BARBER, DANA  
STREET ADDRESS 5685 NW 61ST  
CITY-ST-ZIP Ocala FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ 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

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:

*Thomas E. Kindred*

4/23/98

352 854 0528

CR2E034 (10/97)