

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 APR -6 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000016149 (5)**

1. Corporation Name

TOMMY TAPE MANUFACTURING, INC.

Principal Place of Business

45 POPLAR ROAD
TEQUESTA FL 33469

Mailing Address

45 POPLAR ROAD
TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1993

3a. Date of Last Report

04/05/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FBI Number

-APPLIED FOR 65-0390443

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

WHITE, CHARLES R
535 EAST INDIANTOWN ROAD
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name

R. MASON SIMPSON

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

25 SADDLEBACK ROAD

83

84 City

Tequesta

FL

85 Zip Code

33469-1512

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SMOOT, CHRISTOPHER S
STREET ADDRESS 45 POPLAR ROAD
CITY - ST - ZIP TEQUESTA FL 33469

TITLE V
NAME ~~YETTER, BETTY~~
STREET ADDRESS ~~1022 NEAR OCEAN DRIVE~~
CITY - ST - ZIP ~~VERO BEACH FL 32963~~

TITLE V
NAME SMOOT, SARAH M
STREET ADDRESS 45 POPLAR ROAD
CITY - ST - ZIP TEQUESTA FL 33469

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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 400001451644
-04/10/95--01023--008
1.4 CITY - ST - ZIP ****200.00 ****200.00

2.1 TITLE Vice President Change Addition
2.2 NAME R. Mason Simpson
2.3 STREET ADDRESS 25 SADDLEBACK ROAD
2.4 CITY - ST - ZIP Tequesta, FL 33469-1512

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

4.1 TITLE SECRETARY Change Addition
4.2 NAME Brenda Simpson
4.3 STREET ADDRESS 25 SADDLEBACK ROAD
4.4 CITY - ST - ZIP Tequesta, FL 33469-1512

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

6.1 TITLE
6.2 NAME SA
6.3 STREET ADDRESS 4-6
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Year/Period