

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000016149 (5)**

1. Corporation Name

TOMMY TAPE MANUFACTURING, INC.



Principal Place of Business

Mailing Address

~~45 POPLAR ROAD
TEQUESTA FL 33469~~

~~45 POPLAR ROAD
TEQUESTA FL 33469~~

2. Principal Place of Business

21 **1420 Cypress Drive**

22 **Suite 4**

23 **Jupiter, FL**

24 **33469**

25 **USA**

2a. Mailing Address

26 **P.O. Box 1856**

27

28 **Jupiter, FL**

29 **33468**

30 **U.S.A.**

3. Date incorporated or Qualified
03/03/1993

3a. Date of last Report
04/06/1995

4. FLT Number
65-0390443

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**SIMPSON, MASON R
25 SADDLEBACK RD.
TEQUESTA FL 33469-1512**

← Renee

81 Name

Christopher Smoot

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

45 Poplar Rd.

83

Tequesta, FL

84 City

FL

85 Zip Code

33469

11. Pursuant to the provisions of Sections 607.0502 and 607.3598, 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 the applicant

Signature, typed or printed name of registered agent and the applicant

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMOOT, CHRISTOPHER S	
STREET ADDRESS	45 POPLAR ROAD	
CITY- ST- ZIP	TEQUESTA FL 33469	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SIMPSON, MASON R	
STREET ADDRESS	25 SADDLEBACK RD.	
CITY- ST- ZIP	TEQUESTA FL 33469-1512	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMOOT, SARAH M	
STREET ADDRESS	45 POPLAR ROAD	
CITY- ST- ZIP	TEQUESTA FL 33469	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SIMPSON, BRENDA	
STREET ADDRESS	25 SADDLEBACK RD.	
CITY- ST- ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President and Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE	Secretary and Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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 appointment with an address.

SIGNATURE:

[Signature]

Christopher Smoot/President 3-31-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CR2E034 (12/95)