

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 23 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 # P93000024656 (9)

1. Corporation Name
T & P T.V., INC.

Principal Place of Business

474 B HWY 4415
ALACHUA FL 32615

474 B HWY 441 South
Alachua FL 32615

Mailing Address

P.O. BOX 1415
ALACHUA FL 32616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1993

4. FEI Number

59-3173931

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

THOMAS, KENNETH DWAYNE
615 SW GLENDALE AVE
HIGH SPRINGS FL 32655

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 PD
NAME PEACOCK, ROY NICKY
STREET ADDRESS 732 SW DOE SPRINGS RD. 732 SW POE SPRINGS RD
CITY-ST-ZIP HIGH SPRINGS FL 32655

☐ DELETE

TITLE SD
NAME THOMAS, KENNETH DWAYNE
STREET ADDRESS 615 SW GLENDALE AVE 615 SW Glendale AVE
CITY-ST-ZIP HIGH SPRINGS FL 32655

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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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 ☐ 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

100002598631

-07/27/98--01002--007

***150.00

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

Roy Nicky Peacock President 7/20/98 904-462-3795

CR2E034 (5/98)

7/20/98

COUNTRYSIDE T.V.
474B HWY 441 S. • P.O. BOX 1415
ALACHUA, FL 32615
904-462-3795

PJ2

TO Shenika

WE DID NOT RECEIVE A Profit
Corporation Annual Report in the mail
until we got a 2ND NOTICE. TALK to
Shenika and explain this. She said to
mail the 150.00 TO P.O. BOX 6327,
TALL FLA.

Thank-you for your help.

Nicky Peacock

We change the address on the report that
was wrong. If any question please call
904-462-3795

COUNTRYSIDE T.V.
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