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

Mailing Address

1302 LARCH WAY

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1302 LARCH WAY



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

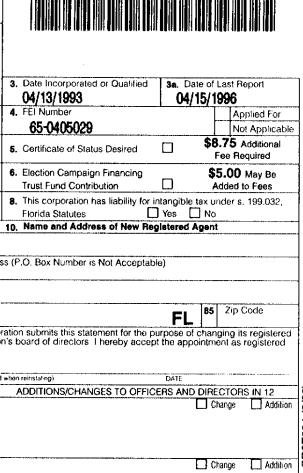
Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P93000027212 (8)

T-N-T PROPERTY MANAGEMENT, INC.

WELLINGTON FL 33414 WELLINGTON FL 33414-5153 3. Date Incorporated or Qualified 3a. Date of Last Report 04/13/1993 04/15/1996 2. Principa Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0405029 Not Applicable Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032. 24 Yes No 25 30 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 TEACHOUT, DAVID E 1302 LARCH WAY Street Address (P.O. Box Number is Not Acceptable) WELLINGTON FL 33414 83 84 City 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 for 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. Fam fam ar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signatine (5) and de printed name of regencies diagram and the if applicable (NC1): Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE \_\_\_ Addition THEF 1.1 TITLE Change DAVID E TEACHOUT NAME 1.2 NAME 1302 LARCH WAY STREET ACCURESS 1.3 STREET ADDRESS WELLINGTON FL 14 CITY-ST-ZIP DELETE 10:14 21 TITLE Change Addition 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS C:17 - \$1 - ZiP 2 4 CITY-ST-ZIP DELETE THEE 3.1 TITLE Change Addition N.M. 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS COTY - ST - ZIP 3.4. CITY - ST- ZIF DELETE Tille Change Addition 4.1 TITLE NAMS 4. 2 NAME STREET ADELESS 4.3 STREET ADDRESS O17 - ST - 718 4.4 CITY-ST-2IP DELETE THLE Addition 5.1 DITE Change NAMI 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY ST-ZIP 5.4 CITY - ST - ZIP DELETE HEE 6.1 TITLE Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - \$1 - 76 6.4 CITY-ST-ZIP

**FILED** Mar 26 1997 8:00am Secretary of State



14. I do hereby cently 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 race ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block address

SIGNATURE:

3/19/96 56/73 1081