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

Mailing Address

% ROBERT D. ROYSTON JR. 12670 NEW BRITTANY BLVD., STE. 101

FORT MYERS FL 33907

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000028018

TOVIC ENTERPRISES, INC.

Principal Place of Business 954 COUNTRY CLUB BLVD

CAPE CORAL FL 33990

3. Date Incorporated or Qualifed 04/15/1993 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 65-0402528 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible Yes □No 30 Personal Property Tax. 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROYSTON, ROBERT D JR. 82 Street Address (P.O. Box Number is Not Acceptable) COSTELLO, SIMS & ROYSTON 12670 NEW BRITTANY BLVD. #101 83 FORT MYERS FL 33907 84 Zip Code City 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE TITLE MCKINNEY, THOMAS NAME 13751 DOWNING LANE R-5 1.3 STREET ADDRESS STREET ADDRESS FT. MYERS FL 33919 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE GOSNELL, JOHN 2.2 NAME NAME 11951 ROSEMOUNT 2.3 STREET ADDRESS STREET ADDRESS FT MYERS FL.33913 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

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, with all other like empowered.

941-574-3314

FILED Mar 09, 1999 8:00 am

Secretary of State

03-09-1999 90108 041 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)