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FILED  
May 27 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 # P93000028592 (2)

1. Corporation Name

TOMMKIN ENTERPRISES, INC.



Principal Place of Business

1839 S. DIXIE HWY.  
SUITE 208  
POMPANO BEACH FL 33060  
US

Mailing Address

1839 S. DIXIE HWY.  
SUITE 208  
POMPANO BEACH FL 33060  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1993

4. FEI Number

65-0404523

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

21 800 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

22 SUITE 303

City & State

23 WILTON MANOR, FL.

Zip

24 33311

Country

25 BRUNN

2a. Mailing Address

26 800 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

27 SUITE 303

City & State

28 WILTON MANOR, FL.

Zip

29 33311

Country

30 BRUNN

9. Name and Address of Current Registered Agent

PEDEN, THOMAS E  
1839 S. DIXIE HWY.  
STE. 205C  
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name THOMAS E. PEDEN

82 Street Address (P.O. Box Number is Not Acceptable)  
1209 S. OCEAN BLVD APT. 2

83

84 City Pompano Beach

FL

85 Zip Code

33062

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 if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME PEDEN, THOMAS E  
STREET ADDRESS 1800 S. OCEAN DR.  
CITY-ST-ZIP POMPAHO BEACH FL 33062

TITLE D  
NAME MILLER, JOHN W.  
STREET ADDRESS 1505 N. RIVERSIDE DR., #505  
CITY-ST-ZIP POMPAHO BEACH FL

TITLE D  
NAME PEDEN, THOMAS E  
STREET ADDRESS 1209 S. OCEAN Blvd. APT #2  
CITY-ST-ZIP Pompano Beach, FL. 33062

TITLE D  
NAME MILLER, JOHN W.  
STREET ADDRESS 1209 S. OCEAN Blvd. APT #2  
CITY-ST-ZIP Pompano Beach, FL. 33062

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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

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

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:

JOHN MILLER

JOHN MILLER

5-01-98 (98) 465-0601

CP2E034 (10/97)