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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

NAM:

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with

CITY-\$1-20

DOCUMENT # P93000051140 (0)

T & T SUITERS, INC.

Principal Place of Business Mailing Address 310 7TH ST N 310 7TH ST N APT E APT E SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695-2506 3. Date Incorporated or Qualified 3a. Date of Last Report 07/15/1993 07/19/1996 2. Principal Place of Business
21 1751 Ragland 2a. Mailing Address 4. FEI Number Applied For 1751 59-3193896 Not Applicable Suite, Apt. #, etc Suite, Apl. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 ity & State City & State 6. Election Campaign Financing \$5.00 May Be Clearwater lat wa m Trust Fund Contribution Added to Fees Country USA 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SUITERS, TERENCE A etence 310 7TH ST N 82 Stre APT E SAFETY HARBOR FL 34695 83 j, City 84 ૹ<u>ૺૺૡ૿ૺ૾૽ૢ૽૱</u> FI 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 obtgotions of, Section 607.0505, Florida Statutes. etence A.SJ SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 11 TITLE Suiters Tevence A SUITERS, TERENCE A NAME 12 NAME 1751 Ragland Ave 310 7TH ST N APT E STREET ADDRESS 1.3 STREET ADDRESS SAFETY HARBOR FL 34695 CITY ST ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 21 TITLE SUITERS, THEODORE B 2.2 NAME NAME 3258 ENDLSEY RD 2.3 STREET ADDRESS STREET ADDRESS **BROOKSVILLE FL 34809** DITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition . 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP DITY-ST-7/P Change DELETE 4.1 TITLE Addition THLE 4. 2 NAME NAM: STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$1 - 2IP CITY - \$1 - 2011 DELETE Change Addition 5.1 TITLE THEF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST 76 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE THLE

62 NAME

14. I do hereby certily 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

63 STREET ADDRESS 64 CITY-ST-ZIP