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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300052362 (9)

TIDY IS	SLAND-LO	INDON, INC.	Mailing Address							
275 96TH AVE. N. P.O. BOX 10604										
8TE. 2 STE. 2										
ST PETERSBURG FL 33702 ST PETERSBURG FL 33730					3-0604		DO NOT WRITE IN THIS SPACE			
US			US			;	3. Date Incorporated or Qualified 07/27/1993		:	
2. Principal P	lace of Busin	ness	2a. Mailing Addres	2a. Mailing Address			4. FEI Number	A	pplied For	
21	 		26				<u>59-3200191</u>	·	ot Applicable	
Sulte, Apt	#, etc.		Suite, Apt. #, e	27			5. Certificate of Status Desired	1	Additional equired	
City & Stat	e		City & State			,	 Election Campaign Financing Trust Fund Contribution 		May Be to Fees	
Zip	p Country		Zip				8. This corporation owes or has paid the current year Intangible			
24	25		29				Personal Property Tax due June 30. Yes No			
	g, Name	and Address of Curr	ent Registered Agent			1	0. Name and Address of New Reg	Istered Agent		
WIL	LKINSON, 8	BARRY G		81	Name					
696 1ST AVE. N.					Street A	Address (P.O. Box Number is Not Acceptable)				
#201 6T DETERMING EL 22704					 					
ST. PETERSBURG FL 33701					ļ <u>.</u>					
- :					City			FL 85 Zip	Code	
11. Pursuant office or r	to the provis	ions of Sections 607.0 jent, or both, in the Sta	502 and 607,1508, Florida ite of Florida, Such changing	Statutes, the above was authorized b	e-named of	corporat poration's	ion submits this statement for the pushboard of directors. I hereby accept	roose of changing i	its registered registered	
SIGNATURE								DATE		
12.	Signature, typiki	or printed name of registered a	AND DIRECTORS	(NOTE: Registered Ag	ent signature	required wit	ADDITIONS/CHANGES TO OFFICE		BS IN 12	
TITLE	DP		☐ DELE					Change	Addition	
NAME	1 -	JR. F S.		1.2 NAME		Prus	e JR. F.S			
STREET ADDRESS				1.3 STREET ADDRESS		7901	745 TR. F.S 1901 44 St. N. # 320			
CITY-ST-ZIP		ERSBURG FL		1.4 CiTY-						
TITLE	8 T		DELE	TE 2.1 TITLE				Change	☐ Addition	
NAME	TOMLINSON, W. DEAN						1 44 St. N # 320	1		
STREET ADDRESS				2.3 STREE	1 address	790	1 44 57.70	•]	
CITY-ST-ZIP	ST PETE	ersburg fl		2 4 CITY-	ST-ZIP					
TITLE	D		☐ DELE	ETE 3.1 TITLE				Change	☐ Addition	
NAME		IT, RONALD E.		3.2 NAME	į	ממח	1 44 St. # 320	ン		
STREET ADDRESS		HAVE. N #2		3.3 STREE	T ADDRESS	-740				
CITY-ST-ZIP	ST. PET	ERSBURG FL 33702		3.4. CITY-	ST - ZIP				F-4":	
TITLE			DELE		l		,	Change	Addition	
NAME				4, 2 NAME	1					
STREET ADDRESS				L L	T ADDRESS					
CITY-ST-ZIP			DELE	4.4 CITY-	ST-ZIP			Change	Addition	
TITLE			נ., ויבננ					□ change	LJ ADDITION	
NAME PERFET ADDRESS				5.2 NAME	LADIDECCE					
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP TITLE			DELE	5.4 CITY-1	51-2FF			Change	Addition	
NAMF			<u></u> 5000	62 NAME				المان نے		

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.

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

F

FRANKS PROSE JO

4/30/9/

3R2E034 (10/97)

FILED

May 13 1998 8:00am

Secretary of State