

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90038 030 ***150.00

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DOCUMENT # P93000062660

1. Corporation Name
T. FIELDS, INC.

Principal Place of Business
4432 PEMBROKE RD.
HOLLYWOOD FL 33021

Mailing Address
4432 PEMBROKE RD.
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1993

4. FEI Number

65-0475463

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 P.O. Box 640213

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FL

Zip

29 33164-0213

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

WILKINS, JAMES
4432 PEMBROKE RD.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME WILKINS, JAMES
STREET ADDRESS 4432 PEMBROKE RD.
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE D ☒ DELETE
NAME WILKINS, KAREN
STREET ADDRESS 4432 PEMBROKE RD.
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME EVELYN WILKINS
1.3 STREET ADDRESS P.O. Box 640213
1.4 CITY-ST-ZIP MIAMI, FL 33179-0213

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition
2.2 NAME KAREN WILKINS
2.3 STREET ADDRESS P.O. Box 640213
2.4 CITY-ST-ZIP MIAMI, FL 33179-0213

3.1 TITLE TREASURER ☒ Change ☐ Addition
3.2 NAME JAMES WILKINS
3.3 STREET ADDRESS P.O. Box 640213
3.4 CITY-ST-ZIP MIAMI, FL 33179-0213

4.1 TITLE SECRETARY ☒ Change ☐ Addition
4.2 NAME JAMES WILKINS
4.3 STREET ADDRESS P.O. Box 640213
4.4 CITY-ST-ZIP MIAMI, FL 33179-0213

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

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

JAMES WILKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/1999 (954) 981-2565
Date Daytime Phone #

CR2E034 (1/98)