

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000020649 (7)

T.N.T. X II, INC.

APPROVED
AND
FILED

5/11/95 - 1 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

Principal Place of Business: 1217 SE 22ND AVE
CAPE CORAL FL 33990

Mailing Address: 1217 SE 22ND AVE
CAPE CORAL FL 33990

3. Date Incorporated or Qualified	3a. Date of Last Report
03/11/1994	
4. FTA Number	Applied For
X 65-0472185	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 has liability for intangible tax under S. 199.032, Florida Statutes.	
☐ Yes ☐ No	

2. Designated Registered Agent	2a. Mailing Address
21	26
State: Apt. #	State: Apt. #
22	27
City & State	City & State
23	28
City	City
24	29
County	County
25	30

9. Name and Address of Current Registered Agent

CARY, DAVID W
1325-C DEL PRADO BLVD
CAPE CORAL FL 33990

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 609.01 and 609.02, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the change of office as required by Chapter 609, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	1. NAME	2. NAME	2. NAME
2. STREET ADDRESS	2. STREET ADDRESS	3. NAME	3. NAME
3. CITY	3. CITY	4. NAME	4. NAME
4. STATE	4. STATE	5. NAME	5. NAME
5. ZIP	5. ZIP	6. NAME	6. NAME
6. TITLE	6. TITLE	7. NAME	7. NAME
7. NAME	7. NAME	8. NAME	8. NAME
8. STREET ADDRESS	8. STREET ADDRESS	9. NAME	9. NAME
9. CITY	9. CITY	10. NAME	10. NAME
10. STATE	10. STATE	11. NAME	11. NAME
11. ZIP	11. ZIP	12. NAME	12. NAME
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14. STREET ADDRESS	14. STREET ADDRESS	15. NAME	15. NAME
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