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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Mar 05, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

03-05-1999 90099 017 ***150.00

DOCUMENT # P9400028173 1. Corporation Name	
THREADED PRODUCTS, INC.	A MERINAAN INA NOMERIKAN ARAM ARAM ARAM ARAM KENENGAN MERINAN ARAM MERINAKAN MENUNCAN MERINAKAN MERINAKAN MERINA

THREAD	ED PRODUCTS, INC.							
Principal Place	e of Business	Mailing Address			I HARIIAAN ISA IREN AHAN BANSI ARINI ARINI ARINI	EBITO TIBOT (BIOL ITALI	1 0000 11(1 1 40 1	
8504-A ADAMO DR 1020 SOUTH 86 STREET								
TAMPA FL 33619 TAMPA FL 33619					DO NOT WRITE IN THIS SPACE			
US					3. Date Incorporated or Qualifed	THIS SPACE		
					04/11/1994			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21			7037	İ	59-3238248		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	ı	
22		27			3. Controlle of Otalias Booker		equired	
City & State	е	City & State Z8 TAMPA FL			6. Election Campaign Financing	\$5.00		
23	0	120	Country		Trust Fund Contribution	Added	io Fees	
Zip	Country	□ 02/08 □	Gountry Hillsboro		This corporation owes the current year Personal Property Tax.	ar intangipre ☑ Yes	□No	
24	9. Name and Address of Current		17111259F0	Sirker!	10. Name and Address of New Register			
	5. Name and Address of Current	registered Agent	81 Name		<u> </u>			
ROB	erts, ron sr		92 Charat	A dalana	o (D.O. Boy Number is Not Assentable)			
1020	SOUTH 86 STREET		82 Street	Addres	ss (P.O. Box Number is Not Acceptable)			
TAM	PA FL 33619		83					
			84 City			85 Zip (Code	
			,			FLII		
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 IN 12.								
12.	D OFFICERS AND		1.1 TITLE		5/6	☐ Change	Addition	
NAME	ROBERTS, RON SR		1.2 NAME	-	PORTE RON SK			
STREET ADDRESS	2301 MEDFORD LANE		1.3 STREET ADDRESS	2	302 MEDFORD LAN	ne		
ST-ZIP	BRANDON FL 33511		1.4 CITY-ST-ZIP	B	PANDON, PL 3351	1		
- 31-21	DP	☐ DELETE	2.1 TITLE	,_,_,		☐ Change	Addition	
c	ROBERTS, RONALD E JR		2.2 NAME		,		ļ	
EET ADDRESS	935 SYMPHONY ISLES BLVD		2.3 STREET ADDRESS					
. IY-ST-ZIP	APOLLO BCH FL 33512		2.4 CITY-ST-ZIP					
TITLE	D	DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME	Roberts, Terri L		3.2 NAME				Ì	
STREET ADDRESS	935 SYMPHONY ISLES BLVD		3.3 STREET ADDRESS		•	•		
CITY-ST-ZIP	APOLLO BCH FL 33512		3.4. CITY-ST-ZIP					
TITLE	D	☐ DELETE	4.1 TITLE	D	BERTS JUAN/TA	Change	☐ Addition	
NAME	ROBERTS, JUANITA		4.2 NAME	K	302 MEDFURD LANE	**		
STREET ADDRESS	2302 MEDFORD LANE		4.3 STREET ADDRESS	2	302 MEDICAL LANCE	-	_	
CITY-ST-ZIP	APOLLO BCH FL 33512	C) BELETE	4 4 CiTY-ST-ZiP	Ø	RANDON, FL 335/1	☐ Change	Addition	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	2	DEST IT WAND	☐ Grange	CE MOROII	
NAME			5.3 STREET ADDRESS		BERT J. WAND DR.			
STREET ADDRESS			5.4 CITY-ST-ZIP	i	PANDON FL 33510		l I	
CITY-ST-ZIP		DELETE	6.1 TITLE	100	CANDON , FC 39310	☐ Change	Addition	
TITLE			6.2 NAME				_	
NAME STREET ADDRESS			6.3 STREET ADORESS				ļ	

6.4 CITY-ST-ZIP 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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99

813-621-6968