

1-14-97 B-0124 C

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Jan 14 1997 8:00am

Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000030669 (3)

1. Corporation Name

T.B.T. ENTERPRISES, INC.



Principal Place of Business

Mailing Address

707 SOUTH MAIN ST.  
WILDWOOD FL 34785707 SOUTH MAIN ST.  
WILDWOOD FL 34785-4806

3. Date Incorporated or Qualified

04/21/1994

3a. Date of Last Report

03/18/1996

2. Principal Place of Business

21

Suite, Apt. # etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City &amp; State

22

City &amp; State

27

Zip

23

Country

25

Zip

28

Country

30

4. FEI Number

59-3239520

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

STRICKLAND, BENNY G  
5259 C.R. 125C  
WILDWOOD FL 34785

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

P ☐ DELETE  
NAME STRICKLAND, BENNY G  
STREET ADDRESS 5259 C.R. 125C  
CITY-ST-ZIP WILDWOOD FL 34785V ☐ DELETE  
NAME KLINEHOFER, THOMAS J  
STREET ADDRESS 804 LONG AVE.  
CITY-ST-ZIP CHATSWORTH GA 30705S ☐ DELETE  
NAME HALL, JOHN D  
STREET ADDRESS 5041 CR 114 P O BOX 1135  
CITY-ST-ZIP WILDWOOD FLT ☐ DELETE  
NAME FOSTER, NATHAN  
STREET ADDRESS 05435 TWIN PALM S RD  
CITY-ST-ZIP FRUITLAND PARK FL☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97

Date

352-748-2060

Daytime Phone #

0487181

CR2E034 (9/96)