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 # P9400030669 (3)
1. Corporation Name

T.B.T. ENTERPRISES, INC.

Principal Place of Business Mailing Address
707 SOUTH MAIN ST.
WILDWOOD FL 34785 WILDWOOD FL 34785

FILED Jan 16 1998 8:00am Secretary of State



l							DO NOT WRITE IN THIS SPACE				
								3. Date incorporated or Qualified 04/21/1994			
2. Principal P	face of Business	2a. Mailing	2a. Mailing Address					4. FEI Number			Applied For
21		26	26					59-3239520		1	Not Applicable
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.					5. Certificate of Status Desired	1		Additional
22		27						Di Solimonio di Sinta Bosileo	<u>.</u>	Fee F	Required
City & Stat	e	City &	City & State					6. Election Campaign Financing	,		0 мау Ве
23		28						Trust Fund Contribution			d to Fees
Zip					ountry	. This surporation times of has paid the contring out intangions					
24		30	30			Personal Property Tax due June 30. 2 Yes. No					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STRICKLAND RENNY G 81 Name										sni	
STRICKLAND, BENNY G 5259 C.R. 125C					o varie						
				82			eet Address (P.O. Box Number is Not Acceptable)				
AAII	DWOOD FL 34785			83							
					63						
					84	City				85 Zip	Code
					_		_		FL	ــــــــــــــــــــــــــــــــــــــ	
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 confice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I bereby accept the appointment as 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								<u> </u>			
	Signature, typed or printed name of registered agen		ole. (NO			nt signatur	required		ATE		
12.	OFFICERS AND	DIRECTORS	I DELCTE	13	_			ADDITIONS/CHANGES TO OFFICERS	AND D	-	
TITLE	CTDICKI AND DENNIV C		DELETE	1	TITLE				ــا	Change	☐ Addition
NAME [STRICKLAND, BENNY G			1	NAME		}				\
STREET ADDRESS	5259 C.R. 125C			1.3	STREET	ADDRESS					Ì
CITY - ST - ZIP	WILDWOOD FL 34785			1.4	CITY - ST	r- <i>z</i> :P	! _				
TITLE	V		DELETE	2.1	TITLE			.e.		Change	Addition
NAME [KLINEHOFFER, THOMAS J			2.2	NAME		1	-			į
STREET ADDRESS	804 LONG AVE.			2.3	2.3 STREET ADDRESS						-
CITY-SY-ZIP	CHATSWORTH GA 30705			2.4	2. 4 CITY-ST-ZIP						
TITLE	S DELETE			3.1	3.1 TITLE					Change	☐ Addition
NAME	HALL, JOHN D			3.2	NAME		ł				ł
STREET ADDRESS	5041 CR 114 P O BOX 1135			3.3	STREET .	ADDRESS					Į
CITY - ST - ZIP	WILDWOOD FL			3.4.	CITY-S	T-ZIP	ŀ				}
TITLE	T		DELETE		TITLE		_			Change	☐ Addition
NAME	Foster, Nathan			4, 2	NAME]				Ì
STREET ADDRESS	05435 TWIN PALM S RD			4.3	STREET A	ADDRESS	ļ				ļ
CITY-ST-ZIP	FRUITLAND PARK FL				CITY-ST]]
TITLE			DELETE		TITLE					Change	Addition
NAME				F	NAME						
STREET ADDRESS				1		ADDRESS]				j
					CITY-ST						ĺ
CITY-ST-ZIP			DELETE	_	TITLE	-41"				Change	L Addition
NAME										Silango	
· ···-				- 3	NAME		}				ſ
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP	autiful that the information are lived	h this filling day	a ant avalle : 6		CITY-ST		od in C-	otion 110 07/3/() Elevido Statutos I finale	or costif	that th	o informatio =
indicated	erary mat trie imorrhation supplied with on this annual report or supplemental	annual report i	is true and acc	curate a	nd tha	t my sig	nature	ection 119.07(3)(i), Florida Statutes. I furthe shall have the same legal effect as if mad	e under	oath; th	nat I am an
officer or o	firector of the corporation or the receiver	ver or trustee e	empowered to	execute	this re	eport as	require	ed by Chapter 607. Florida Statutes: and t	hat my r	iame ar	noears in

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:

HATCH AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-1.28

35 1-7 4 # 206 0 Daytime Phone # 0487576