FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 4-26-95

FLORIDA DEPARTMENT OF STATE
B4550 Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 26 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063949 (9)

1. Corporation Name

TSF ENTERPRISES, INC.

Principal Place of Business	Mailing Address
19267 PINE RUN LANE FT. MYERS FL 33912	19267 PINE RUN LANE FT. MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 19406 Devonwood Circle	26 19406 Devonwood Circle
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Ft. Myers FL	28 Ft. Myers FL
24 Zip 33912 25 Country USA	29 Zip 33912 30 Country USA

4. FEI Number: 65-0515265 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SETTLE, LARRY
19267 PINE RUN LANE
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name: Settle, LARRY
82 Street Address (P.O. Box Number is Not Acceptable): 19406 DEVONWOOD CIRCLE
83
84 City: Ft. Myers FL 85 Zip Code: 33912

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	SETTLE, LARRY	12 NAME	SETTLE, LARRY
STREET ADDRESS	19267 PINE RUN LANE	13 STREET ADDRESS	19406 DEVONWOOD CIRCLE
CITY-ST-ZIP	FT. MYERS FL 33912	14 CITY-ST-ZIP	FT. MYERS FL 33912
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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: Larry Settle 4/24/95 813-936-1718
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

LARRY SETTLE 813-9361718

0320000 CP