## 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 #

P94000078412 (1)

TOMBARRY, INC.

**FILED** Feb 02 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		a samande sen edeta Atole Dalse Mater CR	144 1 <b>064</b> 1 46111 <b>01660 11010 1101 1001</b>
1152 SO. PATRICK DRIVE 1152 SO. PATRICK DRIVE SATELLITE BEACH FL 32937 SATELLITE BEACH FL 329			DO NOT WRITE IN T	HIS SPACE
			3. Date Incorporated or Qualified	
			10/17/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-3272307	Not Applicable
22	27	·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Cily & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28	Country	Trust Fund Contribution	Added to Fees
24 25 Name and Address of Cu	29	30	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	cutrent year intangible
9, Name and Address of Cu		100	10. Name and Address of New Registe	
SANDLAND, BARRY		81 Name		
1152 SO. PATRICK DRIVE		82 Street A	ddress (P.O. Box Number is Not Acceptable)	i
SATELLITE BEACH FL 32937		63	actions (F.O. Box Harrise is Not Accoptable)	
		84 Cily	* · · · · · · · · · · · · · · · · · · ·	85 Zip Code
				FL   ' ' ' '
<ol> <li>Pursuant to the provisions of Sections 607, office or registered agent, or both, in the S agent. I am familiar with, and accept the ol</li> </ol>	tate of Florida. Such change was:	authorized by the corpo	orporation submits this statement for the purpor ration's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE Signature, typed or printed name of registered	d agent and till, if anyticutile (AIC)	II : Registered Agent signature re	quired when reinstating) DA	
<u> </u>	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE <b>D</b>	DELETE	1.1 TITLE		Change Addition
NAME <b>SANDLAND, BARRY</b>		1.2 NAME		
STREET ADDRESS 1152 SO. PATRICK DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP SATELLITE BEACH FL 329		1.4 CITY - ST - ZIP		
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition C
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	T priete	2. 4 CITY-ST-ZIP		
TITLE	☐ DELET <b>E</b>	3.1 TITLE		Change   Addition
NAME		3.2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	End Descrip	4. 2 NAME		C outlings C MOUNTON
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied	with this filing does not qualify to	or the exemption stated	in Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the information

indicated on this annual report or supplemental annual teport 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 of the receiver of 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 chapted, or on an allegament with an address.