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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

P94000080255 (0)

TUFCO SYSTEMS OF THE SOUTHEAST, INC.

## FILED Mar 10 1998 8:00am Secretary of State



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Principal Place of Business	Mailing Address								
MAR WALT DRIVE SUITE 1014 809 MAR WALT DRIVE SUITE 1014 WALTON BEACH FL 32547 FT WALTON BEACH FL 32547									
	•			_		DO NOT WRI		PACE	
					3. Date Inc. 10/24/	orporated or Qualified 1994			
2. Principal Place of Business	2a. Mailing Address	_			4. FEI Num			AF	oplied For
21 5553 Highway 51	26 P.O.Box 617				59-32	275986		No	ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5 Cortificat	te of Status Desired	<b>X</b> □	•	Additional
27					U. COMMON			Fee Re	equired
City & State City & State				6. Election	Campaign Financing	_	\$5.00		
23 Wilsonville, AL	28 Chelsea, AL				Trust Fur	nd Contribution		Added	to Fees
Zip Country	Zip		untry		8. This corp	poration owes or has p			
24 35186 25 USA	29 35043	30 U	SA			Property Tax due Jui			_ No
9. Name and Address of Current	Registered Agent				10. Name ai	nd Address of New I	Registered /	Agent	
Foster, William S			81 Nam	<sup>ne</sup> Erne	est R.	Stewart			
909 MAR WALT DRIVE SUITE 1014					dress (P.O. Box Number is Not Acceptable)				
FT WALTON BEACH FL 32547					ndward				
			83	-		•			
			84 City			<del> </del>		85 - Zip	Code
			84 City	Nice	ville,	FL	FL	32	578
11. Pursuant to the provisions of Sections 607,0502	and 607.1508, Florida Statut	es, the a	bove-nam	ned corpora	ation submits	this statement for the	purpose of	changing if	ts registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligations of the obligation of the obliga	of Florida. Such change was i	authorize orida Sta	ed by the c	corporation'	's board of d	firectors. I hereby acc	ept the app	ointment as	registered
	and Posc. 5	0.00	JD	11	Tim I	~	a.	-25.	-98
SIGNATURE Signature typed or denked name or rebistered agent	ART PRES & (NO)	E: Registere	ed Agent signa	ature required w	vhen reinstating)		DATE		
12. OFFICERS AND		13.			ADDITION	IS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 12
TITLE	K DELETE	1.1 T	TITLE	D. 8	& Pres	ident		Change	☐ Addition
NAME STEWART, ERNEST R		1.2 N	IAME			Ernest R.			ĺ
STREET ADDRESS ROOKSONAK		1.3 5	TREET ADDRES			617 NA			
CITY-ST-ZIP CRESTARMAPE \$2536K		1.4 0	CITY - ST - ZIP	Che	lsea,	AL 35043			
TITLE	DELETE	2.1 T	TILE		easure	~		Change	Addition
NAME		2.2 N	AME	111	copica	Loyce St	ewart		
STREET ADDRESS		. 2.35	TREET ADDRES	SS D	). Box	617 NA			
CITY-ST-ZIP			CITY-ST-ZIP		elsea.		4.		İ
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	<b>—</b>		AME						ŀ
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STREET ADDRESS			CITY - ST - ZIP	~					
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NAME			NAME						
			STREET ADDRES						
STREET ADDRESS				~					
CITY-ST-ZIP	DELETE	5.1 7	CITY-ST-ZIP					Change	Addition
TITLE		1							
NAME			VAME						
STREET ADDRESS			STREET ADDRES	300					
CITY-ST-ZIP	DELETE	_	CITY-ST-ZIP					☐ Change	Addition
TITLE	· [] DELETE	6.1 1						- Annuage	FIND FROM (CF)
NAME			NAME						}
STREET ADDRESS			STREET ADDRES	SS					
CITY-ST-ZIP		6.40	CITY-ST-ZIP	121201200	-110.07	(2)/i\ Florida Cratida	I further co	etific that the	Information
14. I hereby certify that the information supplied wit	n this filing does not qualify f	or the ex	emption st	Lated in Se	ction (19.07)	(3)(I), Florida Statutes	. i luither Ce	ruiy uiai ine	o i i comation

4. 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 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.

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