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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000031631

1. Corporation Name

T & L CONSTRUCTION CORPORATION

Principal Place of Business

1515 2ND STREET
SARASOTA FL 34236

Mailing Address

1515 2ND STREET
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1995

4. FEI Number

65-0581081

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

2033 main st.

ste 310

Sarasota, FL

34237

USA

9. Name and Address of Current Registered Agent

LE BLANC, CARL G
2202 SHADOW LAKES DR
SARASOTA FL 34240

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2212 Shadow Lakes Dr

84 City

Sarasota

FL

85 Zip Code

34240

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LE BLANC, CARL G

STREET ADDRESS 6305 BIKINI RD
CITY-ST-ZIP SARASOTA FL 34241

TITLE D ☐ DELETE

NAME THERIAULT, BRIAN

STREET ADDRESS 5842 LEONARD AVE
CITY-ST-ZIP NIAGRA FALLS, ONTARIO, CAN.

TITLE D ☒ DELETE

NAME LE BLANC, JOSEPH C

STREET ADDRESS 6168 NICOLE CT
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ DELETE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2212 Shadow Lakes Dr.
1.4 CITY-ST-ZIP Sarasota, FL 34240

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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, with all other like empowered.

SIGNATURE: Carl G LeBlanc - Carl G LeBlanc 2/2/99 941-951-2770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0474132

CR2E034 (1/1/98)