FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000047126 (4)

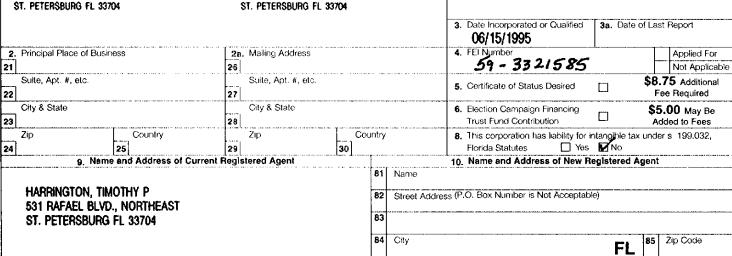
1.	Corporation Name		• •	
	TPH MARKETING,	INC.		

Principal Place of Business

531 RAFAEL BLVD., NORTHEAST
ST. PETERSBURG FL 33704

Mailing Address

531 RAFAEL BLVD., NORTHEAST ST. PETERSBURG FL 33704



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.

familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typeo or printed name of registred agent and title if applicane. (NOTE: Rigistered Agent signature required when reinstalling) DATE DATE										
12.	OFFICERS AND DIFFECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	PRS IN 12					
TITLE	D	DELETE	1. 1 TITLE	Change	Addition					
NAME	HARRINGTON, TIMOTHY P		1.2 NAME							
STREET ADDRESS	531 RAFAEL BLVD., NORTHEAST		1.3 STREET ADDRESS							
CITY-ST-ZIP	ST. PETERSBURG FL 33704		1.4 CITY-ST-ZIP							
TITLE		DELETE	2. 1 TITLE	☐ Change	☐ Addition					
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREET ADDRESS							
CITY-ST-ZIP			2 4 CITY - ST - ZIP							
TITLE		DELETE	3 1 TITLE	Change	Addition					
NAME			3.2 NAME							
STREET ADDRESS			3.3 SYREE1 ADDRESS							
CITY-ST-ZIP			3.4 CITY - S1 - ZIP							
TITLE		DELETE	4. 1 TITLF	Change	Addition					
NAME			4.2 NAME		,					
STREET ADDRESS			4.3 STHEET ADDRESS		·					
CITY-ST-ZIP			4.4 CiTY - ST - ZiP							
TITLE		□ DEFELE	5 1 TITLE	Change	Addition					
NAME			5 2 NAME							
STREET ADDRESS			53 STREET ADDRESS							
CITY-ST-ZIP	And the second s		54 CITY-ST-ZIP							
TITLE		DELETE	6 1 TITLE	Change	Addition					
NAME			62 NAME							
\$TREET ADDRESS			6 3 STREET ADDRESS							
CITY-ST-ZIP			6.4 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 this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of this 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 12 of changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30.96

821-6570