


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90002 039 ***550.00

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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 # **P95000051923**

1. Corporation Name

T & R CONSTRUCTION, INC.

Principal Place of Business
**220 W. BRANDON BLVD. #101
BRANDON FL 33511**

Mailing Address
**220 W. BRANDON BLVD. #101
BRANDON FL 33511**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1995

4. FEI Number

59-3322900

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. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**LUERA, MARY I
220 W. BRANDON BLVD. #101
BRANDON FL 33511**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMM, THOMAS D	1.2 NAME	
STREET ADDRESS	220 W. BRANDON BLVD. #101	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, GARD	2.2 NAME	
STREET ADDRESS	15712 PONY PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	2.4 CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, MICHAEL	3.2 NAME	
STREET ADDRESS	2048 RUDDER STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE CANNON	4.2 NAME	
STREET ADDRESS	13304 MIKE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33617	4.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY I CARRILLO	5.2 NAME	
STREET ADDRESS	535 ROYAL RIDGE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 33594	5.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD GAMBLE	6.2 NAME	
STREET ADDRESS	14520 BRUCE B DOWNS BLVD #17	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33613	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.

SIGNATURE:

SIGNATURE ONLY USED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/99

684-4214

CR2E034 (5/99)