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

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

FILED
Apr 15, 1999 8:00 am
Secretary of State
04-15-1999 90039 030 ***150.00

DOCUMENT **P95000058864**

1. Corporation Name
T2P ENTERPRISES, INC.

Principal Place of Business
S LONGVIEW PL
FL 32779

Mailing Address
569 S LONGVIEW PL
LONGWOOD FL 32779
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
07/28/1995

4. FEI Number
59-3328628
Applied For
Not Applicable

5. Certifcate 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
21 421 FLAGLER
Suite, Apt. #, etc.
22 NEW SMYRNA BEACH FL
City & State
23
Zip 24 32169 Country 25 VOLUSIA

2a. Mailing Address
26 421 FLAGLER
Suite, Apt. #, etc.
27
City & State
28 NEW SMYRNA BEACH FL
Zip 29 32169 Country 30 VOLUSIA

9. **Name and Address of Current Registered Agent**

LABRET, STEVEN MICHAEL
501 N. MAGNOLIA AVENUE
SUITE A
ORLANDO FL 32801

10. **Name and Address of New Registered Agent**

81 Name LABRET STEVEN MICHAEL
82 Street Address (P.O. Box Number is Not Acceptable)
83 421 FLAGLER
84 City NEW SMYRNA BEACH FL 85 Zip Code 32169

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	PRES. ☒ Change ☐ Addition
NAME	PESTINE, SHELDON	1.2 NAME	SHELDON PESTINE
STREET ADDRESS	569 LONGVIEW PL	1.3 STREET ADDRESS	421 FLAGLER
CITY-ST-ZIP	LONGWOOD FL 32779	1.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
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 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
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 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: ______ SIGNATURE REQUIRED 4/12/99 904-423-1468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)