

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

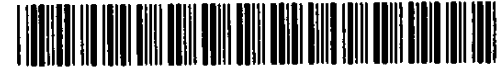
FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90135 048 \*\*\*150.00

DOCUMENT # P95000059049

1. Corporation Name

T E C OF THE TREASURE COAST, INC.



Principal Place of Business

1020 SW 31ST STREET  
PALM CITY FL 34990

Mailing Address

1020 SW 31ST STREET  
PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1995

4. FEI Number

65-0610624

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

2a. Mailing Address

21 1030 SW 31 ST.

26 1030 SW 31 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PALM CITY, FL

28 PALM CITY, FL

Zip

Country

Zip

Country

24 34990

25 MARTIN

29 34990

30 MARTIN

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, MELINDA S  
1020 S W 31 ST  
PALM CITY FL 34990

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

Melinda S. Taylor

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 DP  
NAME BUSH, JENNIFER  
STREET ADDRESS 1020 SW 31ST STREET  
CITY-ST-ZIP PALM CITY FL  
☒ DELETE

1.1 TITLE D/PRESIDENT, TREASURER  
1.2 NAME JOHN L. TAYLOR  
1.3 STREET ADDRESS 1030 SW 31 ST.  
1.4 CITY-ST-ZIP PALM CITY, FL 34990  
☒ Change ☐ Addition

TITLE DVP  
NAME TAYLOR, JOHN L.  
STREET ADDRESS 1020 SW 31 ST  
CITY-ST-ZIP PALM CITY FL  
☐ DELETE

2.1 TITLE D/VICE PRES. SECRETARY  
2.2 NAME MELINDA S. TAYLOR  
2.3 STREET ADDRESS 1030 SW 31 ST.  
2.4 CITY-ST-ZIP PALM CITY, FL 34990  
☒ Change ☐ Addition

TITLE DST  
NAME TAYLOR, MELINDA S  
STREET ADDRESS 1020 SW 31 ST  
CITY-ST-ZIP PALM CITY FL  
☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

Melinda S. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-99 561-287-4180

Date

Daytime Phone #

CR2E034 (11/98)