

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90193 043 ***150.00

DOCUMENT # P95000070143

1. Entity Name
T & C HOLDING, INC.



Principal Place of Business
2878 GREEN ST
SUITE 213
MARIANNA FL 32446

Mailing Address
1610 TENNESSEE AVE
LYNN HAVEN FL 32444
US

2. Principal Place of Business

7116 Hwy. 90 West

3. Mailing Address

Suite, Apt. #, etc.

City & State
Sneads, FL

City & State

4. FEI Number **59-3334235**

Applied For
Not Applicable

Zip
32460

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TILLMAN, JEAN F
1610 TENNESSEE AVENUE
LYNN HAVEN FL 32444

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jean F. Tillman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

3/26/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **TILLMAN, JEAN F**
STREET ADDRESS **1610 TENNESSEE AVE**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ **Delete**
NAME **COWEN, BOBBY**
STREET ADDRESS **2756 INDIAN SPRINGS RD**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

TITLE ☐ **Delete**
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TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JEAN F. TILLMAN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03 850-265-2880
Date Daytime Phone #

CR2E034 (10/02)