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

P95000070950 (7) **DOCUMENT #**

1. Corporation Name

T.S. PR	OPERTIES #39, INC.							
Principal Place of	of Business	Mailing Addres	S					
2107 HIGHWAY 441 S.E. 2107 HIGHWAY 441 S.E. OKEECHOBEE FL 34974 OKEECHOBEE FL 34974								
						 Date Incorporated or Qualified 09/12/1995 	3a. Date of Las	et Report
2. Principal Pla	ce of Business	2a. Mailing Add	dress			4. FEI Number		Applied For
21		26	26			65-060116	<u> </u>	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1	.75 Additional
22		27	27					ee Required
City & State		City & Stat	City & State			Election Campaign Financing Trust Fund Contribution	LJ A	5.00 May Be dded to Fees
	Zip Country		Zip Cor			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		
24	25	29	30					
	g. Name and Address of Cur	rent Registered Ager	t			10. Name and Address of New	Registered Agent	
				81	Name			
BONZANI, JACQUELINE F					Street Add	ress (P.O. Box Number is Not Accepta	.ble)	
	GHWAY 441 S.E.			83				
OKEEC	HOBEE FL 34974			63				
				84	City		FL 85	Zip Code
		500 1007 4100 FI	dala Otat itan the	o about t	annod corre	ration submits this statement for the D		Its registered office
11. Pursuant t	o the provisions of Sections 607.0 ed agent, or both, in the State of F	ibuz and 607, 1508, 110 Florida. Such change w	as authorized by	the corp	oration's boa	oration submits this statement for the plant of directors. I hereby accept the ap	pointment as regist	ered agent. I am
familiar wit	h, and accept the obligations of S	Section 607.0505, Flore	la Statutes.				4/29/4	16
SIGNATURE .	Signature, John for priviled name of registered a	mague	nNote: Rec	ristered And	nt signature regum	ed when reinstating)	DATE	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF		
TITLE	D		DELETE	1 1 TITLE			☐ Cha	ange 🔲 Addition
NAME	JONES, RANDALL A			1.2 NAME				
STREET ADDRESS	2107 HIGHWAY 441 S.E.			1.3 STRÉÉ	I ADDRESS			
CITY - ST - ZIP	OKEECHOBEE FL 34974			1.4 C/TY~	SI-ZIP			Addition
TITLE	D		DELETE	2 1 TITLE			☐ Cha	ange 🗌 Addition
NAME	BONZANI, JACQUELINE		1	2.2 NAME				
STREET ADORESS	2107 HIGHWAY 441 S.E.			2.3 STREE	LADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL 34974	a speciment and the second second second second second second	or. FNC	24 CITY-	ST-ZIP		[] Cha	ange 🗍 Addition
TITLE			DELETE	3 1 TITLE				6.195 L. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME				3.2 NAME				
STREET ADDRESS					ET ADORESS	/		
CITY-ST-ZIP		F"1	DEL EXC	3 4 CITY-			[] Ch	ange [] Addition
TITLE		L.J	DELETÉ	4. STITLE			···	

6.4 CHTY - S1 - 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 legal effect as if made under oath; that I am an officer or projector 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.

4.2 NAME

5 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY-ST-ZIF

4.4 CiTY-ST-ZiF

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CER OR DIRECTOR

[] DELETE

DELETE

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Change

Addition

Addition

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