

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000003046

1. Entity Name
T D T, INC.



Principal Place of Business
4458 S. US HIGHWAY 441
LAKE CITY, FL 32025

Mailing Address
4458 S. US HIGHWAY 441
LAKE CITY, FL 32025

FILED
Aug 22, 2008 08:00 AM
Secretary of State



07152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3363076

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000958239

08/22/08-80004-024 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANNETT, TIM
STREET ADDRESS	6115 SW LELAND AVENUE
CITY-ST-ZIP	DES MOINES, IA 50321
TITLE	VP
NAME	CLARK, LARRY J
STREET ADDRESS	6115 SW LELAND AVENUE
CITY-ST-ZIP	DES MOINES, IA 50321
TITLE	SEC
NAME	ANNETT, HARROLD W
STREET ADDRESS	6115 SW LELAND AVENUE
CITY-ST-ZIP	DES MOINES, IA 50321
TITLE	TREA
NAME	ANNETT, HARROLD W
STREET ADDRESS	6115 SW LELAND AVENUE
CITY-ST-ZIP	DES MOINES, IA 50321
TITLE	VP
NAME	MCCRAVY, GLEN
STREET ADDRESS	6115 SW LELAND AVENUE
CITY-ST-ZIP	DES MOINES, IA 50321
TITLE	D
NAME	ANNETT, HARROLD W
STREET ADDRESS	6115 SW LELAND AVENUE
CITY-ST-ZIP	DES MOINES, IA 50321

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Larry J. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-08

Date

515-974-3332

Daytime Phone #