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FILED
May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000008122 (9)

1. Corporation Name

T & M HOLDINGS, INC.



Principal Place of Business

148 SW SARATOGA AVENUE
PORT ST. LUCIE FL 34953

Mailing Address

148 SW SARATOGA AVENUE
PORT ST. LUCIE FL 34953-5977

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

01/22/1996

3a. Date of Last Report

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BLIND, JOHN
148 SW SARATOGA AVENUE
PORT ST. LUCIE FL 34953

10. Name and Address of New Registered Agent

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

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

1.1 TITLE ☐ DELETE

NAME
BLIND, JOHN
STREET ADDRESS
148 SW SARATOGA AVENUE
CITY-ST-ZIP
PORT ST. LUCIE FL 34953

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☒ DELETE

NAME
DIBENEDDETTO, STEVE
STREET ADDRESS
KERN ROAD
CITY-ST-ZIP
PORT ST. LUCIE FL 34984

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ DELETE

NAME
BLUE, HARRY
STREET ADDRESS
1059 SW AURELIA AVENUE
CITY-ST-ZIP
PORT ST. LUCIE FL 34953

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ DELETE

NAME
ASHLEY, DARRELL
STREET ADDRESS
1125 SW IRVING STREET
CITY-ST-ZIP
PORT ST. LUCIE FL 34984

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

1.5 CITY-ST-ZIP ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 CITY-ST-ZIP ☐ Change ☐ Addition

1.6 CITY-ST-ZIP ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Blind John Blind 4-30-97

31-336-6102

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