


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90188 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000010971

1. Corporation Name
T N G OF PINELLAS, INC.

Principal Place of Business 8285 PARK BLVD. PINELLAS PARK FL 34665	Mailing Address P.O. BOX 370011 TAMPA FL 33697-0011
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>8101 Park Blvd.</u> Suite, Apt. #, etc.	2a. Mailing Address 26 _____ Suite, Apt. #, etc.
22 City & State 23 <u>Pinellas Park, Fl</u>	27 City & State 28 _____
24 <u>34665</u> 25 <u>Pinellas</u>	29 _____ 30 _____

3. Date Incorporated or Qualified 01/31/1996	
4. FEI Number 59-3346941	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ELKINS, ROBERT G
14805 NORTH FLORIDA AVE
SUITE D
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name Joseph C. Thibodeaux	
82 Street Address (P.O. Box Number is Not Acceptable) 12832 98th Street North	
83 _____	
84 City Largo, Fl	85 Zip Code FL 34643

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 *Joseph C. Thibodeaux* **Resident** DATE **2-2-99**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	THIBODEAUX, JOSEPH C	
STREET ADDRESS	12832 98TH STREET NORTH	
CITY-ST-ZIP	LARGO FL 34643	
TITLE	TS	<input checked="" type="checkbox"/>
NAME	ELKINS, ROBERT G	
STREET ADDRESS	14909 NORTHWOOD VILLAGE LANE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *Joseph C. Thibodeaux* **02-03-99** **813-264-1907**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **02-03-99** **727-346-6732**

CR2E034 (11/98)