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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000017124 (4)

T-BIRD INDUSTRIES, INC.

FILED Apr 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 18401 MURDOCK CIRCLE 18401 MURDOCK CIRCLE PORT CHARLOTTE FL 33948 PORT CHARLOTTE FL 33948 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/23/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 65-0644812 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 25 24 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Berntsoon: Robert-H Thomas A. Bober 18404 MURDOOK CHROLE 82 Street Address (P.O. Box Number is Not Acceptable) 916 Sidney Terrace PORT-OHARLOTTE-FL-93948= 63 84 City Zip Code 33948 Port Charlotte 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 registored 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 registored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELE1E Change ■ Addition TITLE 1.1 TITLE **BOBER, THOMAS A** NAME 1.2 NAME **CR2E034** 916 SIDNEY TERRACE STREET ADDRESS 1.3 STREET ADDRESS **PORT CHARLOTTE FL 33948** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TATLE TITLE BOBER, DONNA L NAME 2.2 NAME 916 SIDNEY TERRACE 2.3 STREET ADDRESS STREET ADDRESS **PORT CHARLOTTE FL 33948** 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- 2IP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE 6 1 TITLE Addition TITLE. NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. 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 cluanged, or on an attachment with an address.