

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 21 1998 8:00am
Secretary of State

DOCUMENT # P96000018580 (6)

1. Corporation Name

T.M. CONCEPTS, INC.



Principal Place of Business

3300 HARBOR VIEW AVE.
TAMPA FL 33611

Mailing Address

3300 HARBOR VIEW AVE.
TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 13105 GREENGAGE LN

Suite, Apt. #, etc.

22

City & State

23 TAMPA FL

Zip

24 33612

Country

25

2a. Mailing Address

26 13105 GREENGAGE LN

Suite, Apt. #, etc.

27

City & State

28 TAMPA FL

Zip

29 33612

Country

30

3. Date Incorporated or Qualified

02/26/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MASON, THOMAS O SR.
3300 HARBOR VIEW AVE.
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13105 GREENGAGE LN

83

84 City

TAMPA

FL

85 Zip Code

33612

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 607.0605, Florida Statutes.

SIGNATURE

Thomas O. Mason Sr.

(NOTE: Registered Agent signature required when reinstating)

5/1/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
MASON, THOMAS O SR.
STREET ADDRESS 3300 HARBOR VIEW AVE.
CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ DELETE

NAME V
MASON, TERRY L
STREET ADDRESS 3300 HARBOR VIEW AVE
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE

Thomas O. Mason Sr.

5/1/98

812 928 7327

CR2E034 (10/97)