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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000030901 (8)

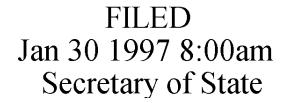
T & T OF PORT RICHEY, INC.

404 EAST RAMSEY. #110 SAN ANTONIO TX 78216

Principal Place of Business

Mailing Address

404 EAST RAMSEY. #110 SAN ANTONIO TX 78216-4665





					3. Date incorporated or Qualified 3a. Date of Last Report 04/09/1996			
2. Principal Piace of Business		2a. Mailing Address	,	a	4. FEI Number		Applied For	
21 4044 Newport Deive		26 4844 Newport Unive		59-337-0059	1	Not Applicable		
Suite, Apri #, etc 22		28. Mailing Address 26. 4844 Newport Daive Suite, Apt. #, etc 27. Suite # 214 City & State 28 New Fort Nickey, Florian Zio Country		5. Certificate of Status Desired Security Securi				
City & State . 23 New F	BAT RICHEN, Florid	9 28 Now Port Niewy, Florian		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
24 3465.	2 25 USA.	29 34652	Countr	VSA	Florida Statutes	Yes No	s. 199.032,	
	Name and Address of Current	nt Registered Agent			10. Name and Address of New Re	gistered Agent		
TURPII	n, Karen j		81	Name				
11127 ISLAND PINE DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)				
PORT RICHEY FL 34668				Officer Address (1.0. Dox Humber is Not Accoptable)				
. 4			83	1				
			84	City		FL 85 Zip	o Code	
11 Pursuant to	the provisions of Sections 607.050	2 and 607 1508 Florida State	ites the above	e-named corps	eration submits this statement for the p		its registered	
office or reg	stered agent, or both, in the State	of Florida, Such change was	authorized b	y the corporation	oration submits this statement for the pon's board of directors. I hereby accept	t the appointment a	s registered	
agent Lani			Iorida Statute	ss.			1-100	
SIGNATURE	KAREN J. TURI	•			aren 1' lun	200 /1	11/91.	
	joarane, typist or printis France of registeren age OFFICERS ANI		13.	ent signature require	ADDITIONS/CHANGES TO OFFIC	EDC AND DIDECTO	VDC IN 12	
12.	PSTD	DELETE	13. 1171TLE	700		Change		
		DELEGE	1	150	T.D.	E Change	Abdition	
	TURPIN, WILLIAM FRANCIS		1.2 NAME	100	April William Eugenc #	2/4		
	404 EAST RAMSEY, #110		1.3 STREE	T ADDRESS	W PORT RICHT FIR. 34	1452		
011Y-51-20F	SAN ANTONIO TX 78216		1.4 CITY+					
T:TLE		☐ DELETE	21 TITLE	V.	5.	Change	Addition	
MAME			22 NAME	Tun	WIN KANEN JAME			
STHEET ACCIDESS			2.3 STREE	T ADDRESS	27 ISHNO PINE DR			
CRTY - ST - ZIP			2. 4 CITY	·ST-ZIP	A RICHEY FLA 34668			
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HAME			3.2 NAME		-	The state of the s		
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZiP			3.4. CITY-	1		7		
7D4E		DELETE	4.1 TITLE	31-211		Change	Addition	
NAME			4 2 NAME	:				
STEEL ADORESS				T ADDRESS				
OHY-ST-ZIF		DELETE	4.4 CITY -	ST-ZIP		Change	Addis:	
TITLE		וייין מנונונ	51 TITLE			L Change	Addition	
NAME.			5.2 NAME					
STREET ADORESS			5 3 STREE	T ADDRESS	4			
CITY-ST-ZIF			54 CITY-	ST-ZIP				
TITLE		☐ DELETE	61 TITLE	1		Change	Addition	
NAME			6.2 NAME		•			
STREET ADORESS			63 STREE	T ADDRESS	•			
CITY -ST - ZIP			64 CITY-	ST-ZIP				
	ezatifo that the observation e-mades	d with this filing does not out			in Section 119 07/3Vi). Florida Statute	e. I further certify the	at the	

4. I do hereby certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(j). Forida Statutes. I further certify that the information and acted 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 13 if changed, or on an attachment with an address.

SIGNATURE

COLLEGE AND EXPENDING PHINTED NAME DE SIGN

1/6/97

813-847-9796

ytime Phone 4