

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

**FILED**  
**Jan 27 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 # P96000037616 (5)**

1. Corporation Name  
**TODD PRO, INC.**



Principal Place of Business  
**1031 SAN RAFAEL ST  
 ST AUGUSTINE FL 32084**

Mailing Address  
**1031 SAN RAFAEL ST  
 ST AUGUSTINE FL 32084-5349**

3. Date Incorporated or Qualified **04/26/1996**      3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  Applied For  
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITMAN, TODD  
 1031 SAN RAFAEL ST  
 ST AUGUSTINE FL 32084**

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 required when reinstating a corporation not registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **DPVS  
 WHITMAN, TODD**  
 STREET ADDRESS **1031 SAN RAFAEL ST**  
 CITY - ST - ZIP **ST AUGUSTINE FL 32084**

11 TITLE  Change  Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY - ST - ZIP

TITLE  DELETE  
 NAME **T  
 WHITMAN, TODD**  
 STREET ADDRESS **1031 SAN RAFAEL ST**  
 CITY - ST - ZIP **ST AUGUSTINE FL 32084**

21 TITLE  Change  Addition  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY - ST - ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

31 TITLE  Change  Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY - ST - ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

41 TITLE  Change  Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY - ST - ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

51 TITLE  Change  Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY - ST - ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

61 TITLE  Change  Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY - ST - ZIP

*Handwritten initials: TB 1/27*

**900002069589  
 -01/28/97--01034--001  
 \*\*\*165.00**

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: *Todd Whitman* **TODD WHITMAN 1-21-97/904-4609244**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)