

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

FILED

Jun 06 1997 8:00am
Secretary of State

AMENDED
PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT #

1. Corporation Name

P96000044427

Team Work Labor, Inc.

Principal Place of Business

Mailing Address

12918 N. Nebraska Avenue
Tampa, Florida 33612

Same

2. Principal Place of Business

2a. Mailing Address

21 12918 N. Nebraska Ave.

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23 Tampa, Florida

28

Zip

Country

Zip

Country

24 33612

25

U.S.A.

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/23/96

3a. Date of Last Report

N/A

4. FEI Number

59-3390289

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes **XX** **No**

10. Name and Address of New Registered Agent

81 Name

William E. Sizemore

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

109 North Brush Street

83

Suite 200

84

Tampa

FL

85 Zip Code

33602

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

William E. Sizemore

William E. Sizemore

05/22/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	Director	☐ DELETE
NAME	Tommy Brown	
STREET ADDRESS	3010 North 38th Street	
CITY-ST-ZIP	Tampa, Florida 33605	☐ DELETE
TITLE	Director	
NAME	Steve Fowler	
STREET ADDRESS	13135 North 19th Street, #108	
CITY-ST-ZIP	Tampa, Florida 33612	☐ DELETE
TITLE	Director	
NAME	William E. Sizemore	
STREET ADDRESS	109 North Brush Street, #200	
CITY-ST-ZIP	Tampa, Florida 33602	☐ DELETE
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 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:

William E. Sizemore

William E. Sizemore

05/22/97

813-273-0050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Telephone

CR2E034 (9/96)