## 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

## **DOCUMENT #** P96000044832 (9)

| 1. Corporation                          | T RESOURCES, INC.                                                                                                                                      | ,004400 <u>2</u> (0  | ,                   |                                  |                                                                                                   |                                   |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|----------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------|
| Principal Place of Business             |                                                                                                                                                        | Mailing Address      | Mailing Address     |                                  | I (MANIAM) AND AND MINIS MAIN AND AN AND AND AND AND AND AND AND AND                              | Araki middi iniau alika alah jadi |
| 1150 13TH AVE EAST<br>PALMETTO FL 34221 |                                                                                                                                                        | 1150 13TH AVE EAST   |                     |                                  |                                                                                                   |                                   |
|                                         |                                                                                                                                                        | PALMETTO FL 34221    |                     |                                  | DO NOT WRITE IN THIS SPACE                                                                        |                                   |
|                                         |                                                                                                                                                        |                      |                     |                                  | 3. Date Incorporated or Qualified                                                                 | IIO OF ACE                        |
|                                         |                                                                                                                                                        |                      |                     |                                  | 05/20/1996                                                                                        |                                   |
| 2. Principal P                          | lace of Business                                                                                                                                       | 28. Mailing Address  |                     |                                  | 4. FEI Number                                                                                     | Applied For                       |
| 21                                      |                                                                                                                                                        | 26                   | 26                  |                                  | 65-0684419                                                                                        | Not Applicable                    |
| Suite, Apt.                             | #, etc.                                                                                                                                                | Suite, Apt. #, etc.  | Suite, Apt. #, etc. |                                  | 5. Certificate of Status Desired                                                                  | \$8.75 Additional                 |
| 22                                      |                                                                                                                                                        | 27                   |                     | B. Certificate of Status Desired | Fee Required                                                                                      |                                   |
| City & State                            |                                                                                                                                                        | City & State         |                     | 6. Election Campaign Financing   | <b>\$5.00</b> May Be                                                                              |                                   |
| 23                                      |                                                                                                                                                        | 28                   | -1                  | <del></del>                      | Trust Fund Contribution                                                                           | Added to Fees                     |
| Zip                                     | Country                                                                                                                                                | Zip                  | Cou                 | niry                             | 8. This corporation owes or has paid the                                                          |                                   |
| 24                                      | 25<br>9. Name and Address of Curr                                                                                                                      | 29                   | 30                  |                                  | Personal Property Tax due June 30.  10. Name and Address of New Register                          | Yes No                            |
| 00/                                     | <del></del>                                                                                                                                            | ent mogratored Agent |                     | 81 Name                          | 10. Hame and Address of How Hogister                                                              | ou rigotit                        |
|                                         | BROOKS, RONALD                                                                                                                                         |                      |                     |                                  |                                                                                                   |                                   |
|                                         | 50 13TH AVE EAST                                                                                                                                       |                      | i                   | 82 Street Add                    | Iress (P.O. Box Number is Not Acceptable)                                                         |                                   |
| PALMETTO FL 34221                       |                                                                                                                                                        |                      |                     | 63                               |                                                                                                   |                                   |
|                                         |                                                                                                                                                        |                      | ļ                   |                                  |                                                                                                   |                                   |
|                                         |                                                                                                                                                        |                      |                     | 84 City                          | <b>F</b>                                                                                          | 85 Zip Code                       |
| SIGNATURE                               | to the provisions of Sections 507.05 egistered agent, or both, in the Starm familiar with, and accept the obtaining the sections of registered agents. |                      |                     |                                  | poration submits this statement for the purpos<br>ation's board of directors. I hereby accept the |                                   |
| 12.                                     |                                                                                                                                                        | ND DIRECTORS         | 13.                 |                                  | ADDITIONS/CHANGES TO OFFICERS /                                                                   | AND DIRECTORS IN 12               |
| TITLE                                   | D                                                                                                                                                      | DELETE               | 1.1 10              | LE                               |                                                                                                   | Change Addition                   |
| NAME                                    | <b>B</b> ROOKS, RONALD                                                                                                                                 |                      | 1.2 NA              | ME                               |                                                                                                   |                                   |
| STREET ADDRESS                          | \$407 12 AVE DRIVE WEST                                                                                                                                |                      | 1.3 ST              | REET ADDRESS                     | •                                                                                                 |                                   |
| CITY-ST-ZIP                             | BRADENTON FL 34209                                                                                                                                     |                      | 1.4 CF              | Y-S1-ZIP                         |                                                                                                   |                                   |
| TITLE                                   | _                                                                                                                                                      | ☐ DELETE             | 2.1 TIT             | LE                               |                                                                                                   | Change Addition                   |
| NAME                                    |                                                                                                                                                        |                      | 2.2 NA              | ME                               |                                                                                                   |                                   |
| STREET ADDRESS                          |                                                                                                                                                        |                      | 2.3 \$1             | ree1 address                     | •                                                                                                 |                                   |
| CITY-ST-ZIP                             |                                                                                                                                                        |                      | 2.40                | TY-ST-ZIP                        |                                                                                                   |                                   |
| TITLE                                   |                                                                                                                                                        | ☐ DELETE             | 3.1 111             | LE                               |                                                                                                   | ☐ Change ☐ Addition               |
| NAME                                    |                                                                                                                                                        |                      | 3.2 NA              | ME                               |                                                                                                   |                                   |
| STREET ADDRESS                          |                                                                                                                                                        |                      | 3 3 ST              | REET ADDRESS                     |                                                                                                   |                                   |
| CITY-ST-ZIP                             |                                                                                                                                                        |                      |                     | TY-ST-ZIP                        |                                                                                                   |                                   |
| TITLE                                   |                                                                                                                                                        | DELETE               | 4.1 1/1             | LE                               |                                                                                                   | Change Addition                   |
| NAME                                    |                                                                                                                                                        |                      | 4. 2 N              |                                  |                                                                                                   |                                   |
| STREET ADDRESS                          |                                                                                                                                                        |                      |                     | REET ADDRESS                     |                                                                                                   |                                   |
| CITY-ST-ZIP                             |                                                                                                                                                        | T ASIA               |                     | IY-ST-ZIP                        |                                                                                                   | <u> </u>                          |
| TITLE                                   |                                                                                                                                                        | DELETE               | 5.1 111             |                                  |                                                                                                   | Change Addition                   |
| NAME                                    |                                                                                                                                                        |                      | 5.2 NA              |                                  |                                                                                                   |                                   |
| STREET ADDRESS                          | :                                                                                                                                                      |                      |                     | REET ADDRESS                     |                                                                                                   |                                   |
| CITY-ST-ZIP                             |                                                                                                                                                        | De est               |                     | Y+ST-ZIP                         |                                                                                                   |                                   |
| TITLE                                   |                                                                                                                                                        | DELETE               | 6.1 10              | LE                               |                                                                                                   | ☐ Change ☐ Addition               |

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 obanged, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

CIGNATURE.

NAME

STREET ADDRESS

CITY-ST-ZIP

7-11-98

941-795-487

**FILED** 

Jul 16 1998 8:00am

Secretary of State