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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000054672

1. Corporation Name

T & J MANAGEMENT & CONSULTING, INC.

| Principal Pla | ice of Business |
|---------------|-----------------|
| 170 DIV/IEDA | AVE |

ROYAL PALM BEACH FL 33411

Mailing Address

179 RIVERA AVENUE

ROYAL PALM BEACH FL 33411

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90078 049 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/25/1996

| Principal Pl | lace of Business | Za. Mailing Address | | | 4. FEI Number | 1 | Applied For | |
|----------------------------------|--|----------------------------------|----------------------|---|--|-------------------------------------|------------------------------------|--|
| 21 179 | RIVEVA AVE | 26 SAME | | | 65-0674382 | | Not Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | 11 + | 75 Additional ee Required | |
| City & State | 1 Palm Beach A | City & State | · | - | 6. Election Campaign Financing Trust Fund Contribution | | .00 May Be ded to Fees | |
| Zip 331 | Country 25 USA | 29 SAMe 30 | Country | ne ne | This corporation owes the curre Personal Property Tax. | ent year Intangible | s IENo | |
| | 9. Name and Address of Current | | | | 10. Name and Address of New R | tegistered Agent | | |
| | | <u> </u> | 81 N | ame | | | | |
| Housler, Terry R | | | | CO Constitution (D.O. Davidiumbonia Military Association) | | | | |
| 179 RIVIERA AVE | | | 02 3 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| ROY/ | AL PALM BEACH FL 33411 | | 83 | | | | | |
| | | | | | | | | |
| | | | | ity ———— | | FL 85 | Zip Code | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, | the above-na | med corpo | ration submits this statement for the | purpose of changing the appointment | ng its registered as registered | |
| agent. I a | to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio | ns of Section 607.0505, Florid | a Statutes. | corporation | To book or directors. Thereby becop | 11.2 | 100 | |
| SIGNATURE | ASSISH SHALO | Wes these | 1. | | | 1/19 | 198 | |
| SIGNATORE _ | Signature, typed or printed name of registered agent a | nd title if applicable (NOTE: Re | egistered Agent sign | nature required | | DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OF | | _ | |
| TITLE | PS F | ☐ DELETE | 1.1 TITLE | | | ☐ Ch | ange | |
| NAME | Housler, Terry | | 1.2 NAME | | | 1 | | |
| STREET ADDRESS | 179 RIVERA AVE | | 1.3 STREET ADD | RESS | | / | | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 | | 1.4 CITY-ST-ZIP | , | | | _ | |
| TITLE | VPT | ☐ DELETE | 2.1 TITLE | | | / □ch | ange 🔲 Addition | |
| NAME | HOUSLER, LAURA J | | 22 NAME | | | / | • | |
| STREET ADDRESS | 179 RIVERA AVE | | 2.3 STREET ADD | RESS | , | <i>(</i> | | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 | | 2. 4 CITY-ST-ZI | Þ | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | ☐ Ch | ange Addition | |
| NAME | | <i>.</i> | 3.2 NAME | - | / | ~~ | | |
| STREET ADDRESS | | | 3.3 STREET ADD | DRESS | | | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZI | ь . | | | | |
| TITLE | | / □ DELETE | 4.1 TITLE | | | □Ch | ange | |
| NAME | , | / | 4.2 NAME | | | • | | |
| STREET ADDRESS | / | | 4.3 STREET ADD | DRESS | | | | |
| CITY-ST-ZIP | / | | 4.4 CITY-ST-ZIF | , | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | 7 | ☐ Ch | ange 🔲 Addition | |
| NAME | / | | 5.2 NAME | | / | | | |
| STREET ADDRESS | / | | 5.3 STREET ADD | RESS | ./ | | | |
| CITY-ST-ZIP | / | | 5.4 CITY-ST-ZIF | , | V | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | . Ch | ange 🔲 Addition | |
| NAME | / | | 6.2 NAME | | • | *, | | |
| STREET ADDRESS | / | | 6.3 STREET ADD | RESS | | | | |
| | l (, | | 64 CITY-ST-ZIE | , [| | | | |

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, with all other like empowered.

SIGNATURE:

IGNING OFFICER OR DIRECTOR