

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

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

03-24-1999 90005 050 ***150.00

DOCUMENT # P96000054863

1. Corporation Name
T.O.S. MANUFACTURING, INC.

Principal Place of Business
142 COASTLINE RD
SANFORD FL 32771
US

Mailing Address
142 COASTLINE ROAD
SANFORD FL 32773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1996

4. FEI Number

59-3386667

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 140 COASTLINE Rd

2a. Mailing Address

26 140 COASTLINE Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SANFORD FL

City & State

28 SANFORD FL

Zip

24 32771

Country

25 US

Zip

29 32771

Country

30 US

9. Name and Address of Current Registered Agent

MORIN, ROGER A
142 COASTLINE ROAD
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name

MORIN, ROGER A

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

140 COASTLINE ROAD

83

84 City

SANFORD

FL

85 Zip Code

32771

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MORIN, ROGER A

STREET ADDRESS 778 JIMMY ANN DR #1011

CITY-ST-ZIP DAYTONA BCH FL 32114

TITLE STD ☐ DELETE

NAME MORIN, NANCY A

STREET ADDRESS 778 JIMMY ANN DR #1011

CITY-ST-ZIP DAYTONA BCH FL 32114

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 PD ☒ Change ☐ Addition

1.2 NAME MORIN, ROGER A.

1.3 STREET ADDRESS 682 WINTERBERRY TRAIL

1.4 CITY-ST-ZIP DeLand, FL 32724

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME MORIN, NANCY A

2.3 STREET ADDRESS 682 WINTERBERRY TRAIL

2.4 CITY-ST-ZIP DeLand, FL 32724

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 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:

ROGER MORIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

Date

(407)330-3880

Daytime Phone #

CR2E034 (11/98)

0067503