

FILE NO

AMENDED ANNUAL REPORT - 1997

①

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # P96000084931  
1. Corporation Name

THREE VILLAGE ROAD, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified  
10/15/963a. Date of Last Report  
06/09/972. Principal Place of Business  
21 1365 GINGER CIRCLE2a. Mailing Address  
26 SAME4. FEI Number  
39-1865574Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City &amp; State

City &amp; State

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

23 WESTON FL

28

Zip

Country

Zip

Country

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

24 33326

25

US

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHEN M. HUDOBA  
101 E. KENNEDY BLV., #3700  
TAMPA FL 33602

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME SCHMIDT, ROBERT  
STREET ADDRESS 330 E. KILBOURN AVE., #1454  
CITY-ST-ZIP MILWAUKEE WI 5320211 TITLE D/P/S/T ☐ Change ☒ Addition  
12 NAME BOYD, BRET  
13 STREET ADDRESS 1365 GINGER CIRCLE  
14 CITY-ST-ZIP TAMPA FL 33326TITLE VP ☒ DELETE  
NAME SCHMIDT, JR., ROBERT  
STREET ADDRESS 330 E. KILBOURN AVE., #1454  
CITY-ST-ZIP MILWAUKEE WI 5320221 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS 800002326718--2  
24 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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: BRET BOYD, PRESIDENT

10-20-97

954-389-6162

CR2E034 (9/96)

(2)

RECEIVED  
FILING COVER SHEET  
97 OCT 22 AM 10:32

ACCOUNT NUMBER: ECA000000014 DIVISION OF CORPORATION

REFERENCE: 0162.776

DATE: 22 OCT 97

CONTACT NAME: CINDY HICKS

REQUESTOR NAME: CORPORATE & CRIMINAL RESEARCH SERVICES  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301

TELEPHONE: 904-222-1173

AUTHORIZATION: Cindy Hicks

CORPORATION NAME: Three Village Road, Inc.

DOCUMENT NUMBER: \_\_\_\_\_  
(if known)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input checked="" type="checkbox"/> ANNUAL REPORT  | <input type="checkbox"/> TRADEMARK/SERVICE MARK           | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> CERT. OF AUTHORITY        | <input type="checkbox"/> LIMITED PARTNERSHIP              | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT             | <input type="checkbox"/> UCC 1                            | <input type="checkbox"/> UCC 3                   |
| <input type="checkbox"/> OTHER _____               |   |  |

- ☐ CERTIFIED COPY
- ☐ CERTIFICATE OF STATUS
- ☒ PLAIN STAMPED COPY

COST LIMIT

35.00

61.25

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> CALL WHEN READY | <input type="checkbox"/> CALL IF PROBLEM | <input type="checkbox"/> AFTER 4:30 |
| <input type="checkbox"/> WALK IN         | <input type="checkbox"/> WILL WAIT       | <input type="checkbox"/> PICK UP    |
| <input type="checkbox"/> MAIL OUT        |  |                                     |