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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000 TPL ENTERPRISES, INC.	089276 (5)			) 
Principal Place of Business	Mailing Address			DILO 10100 UNDIA DEDRO DIAL DODI
511 OLEANDER STREET NEPTUNE BEACH FL 32268	511 OLEANDER STREET NEPTUNE BEACH FL 322	266	DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		10/30/1996 4. FEI Number	Applied For
21	26		59-3410767	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	<b>28</b>	Country	Trust Fund Contribution  8. This corporation owes or has paid the cu	Added to Fees
24 25	<b>—</b> '	30		Yes DINO
9. Name and Address of Current R			10. Name and Address of New Registered	
LARSON, TERRY V		81 Name		
511 OLEANDER STREET		82 Street	Address (P.O. Box Number is Not Acceptable)	<del></del>
NEPTUNE BEACH FL 32288			Tradition (1.6, 564 trainpoint for floodplately	
		83		
		84 City		85 Zip Code
		"	FL	<b>-</b>   '   '
<ol> <li>Pursuant to the provisions of Sections 607.0502 a</li> </ol>	ind 607.1508, Florida Statute	es, the above-named	I corporation submits this statement for the purpose o	of changing its registered 1
Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent I am familiar with, and accept the obligation SIGNATURE  Bignature, typed or prefer impressions and registered agent are sections.		es, the above-named uthorized by the cor rida Statutes.  Registered Agent signature		or changing its registered pointment as registered
SIGNATURE  Bignature, typed or perited name of registered agont at 12.  OFFICERS AND D	nd title if applicable (NOTE			
SIGNATURE  Bignature, typed or pented name of registered agont at 12. OFFICERS AND DITTLE DPST	nd title if applicable (NOTE	. Registered Agent signature	e required when reinstating) DATE	
SIGNATURE    Signature, typed or period name of registered agont at	nd title if applicable (NOTE	Registered Agent signalure  13. 1.1 TITLE  1.2 NAME	e required when reinstating) DATE	D DIRECTORS IN 12
SIGNATURE  Bignature, typed or purised name of registered agont at 12.  OFFICERS AND DITTLE  DPST  LARSON, TERRY V  SIREET ADDRESS  511 OLEANDER STREET	nd title if applicable (NOTE	Registered Agent signature 13. 1.1 TifLE 1.2 NAME 1.3 STREET ADDRESS	e required when reinstating) DATE	D DIRECTORS IN 12
SIGNATURE    Bignature, typed or period name of registered agont at	od tille if appricable (NOTE DIRECTORS DELETE	Registered Agent signature 13. 1.1 TiffLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	e required when reinstating) DATE	D DIRECTORS IN 12  Change Addition
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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 address.

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZW

**FILED** 

May 11 1998 8:00am

Secretary of State