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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000091315 (7)

TOM & JERRY'S, INC.

Principal Place of Business Mailing Address 520 E NEW MARKET ROAD 520 E NEW MARKET ROAD IMMOKALEE FL 34142 IMMOKALEE FL 34142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/06/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-3412916 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zıp. 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 28 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PATTERSON, PATRICE 1021 PALM DRIVE **B2** Street Address (P.O. Box Number is Not Acceptable) IMMOKALEE FL 34142 83 Zip Code 84 85 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. Thereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed hards of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition TITLE 1.1 TITLE Change WILLIAMS, JERRY 1.2 NAME **805 JEFFERSON AVE** STREET ADDRESS 1.3 STREET ADDRESS IMMOKALEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 2.1 TITLE NAME PATTERSON, TOM 22 NAME 1021 PALM DRIVE STREET ADDRESS 2 3 STREET ADDRESS IMMOKALEE FL 34142 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME PATTERSON, PATRICE 3.2 NAME

CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby 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 14. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this annual report or supplienced 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ghanged, or on an affecting with an address.
SIGNATURE: Which is a supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicate as 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ghanged, or on an affecting that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ghanged, or on an affecting that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes. I further certify that I am an officer or director of the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver

3.3 STREET ADDRESS

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4.4 CITY-ST-ZIP

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6 3 STREET ADDRESS

3.4. CITY-ST-2IP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADORESS

6.1 TITLE

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1021 PALM DRIVE

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CITY-ST-ZIP TITLE

CITY-ST-2IP

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TITLE

NAME

TITLE NAME

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FILED

Mar 13 1998 8:00am

Secretary of State

Addition

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Addition

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