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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000017270 (4)

T AND C ENTERPRISES OF NORTH FLORIDA, INC.

FILED May 04 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				- I SAELLODE LIB TAILL IBAIL DOINT BUILT OBTIL DRIBT	LIMIN LANGE NEGAL AND IT MAIN AND I	
408 FOURTH STREET 408 FOURTH STREET						
		NORTH BEACH			DO NOT WRITE IN THIS SPACE	
ST AUGUSTINE FL 30295 ST AUGUSTINE FL 30295			3. Date Incorporated or Qualified		15 SPACE	
,					02/24/1997	
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Applied For
21 84 3.	3 WESKITTWAY	26 < SAM	_		59-3429280	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State City & State					s, Election Campaign Financing	\$5.00 May Be
23 Jac	YSONVIII Z FL	28			Trust Fund Contribution	Added to Fees
Zip ac	Country	Zιρ	Country		8. This corporation owes or has paid the	current year Intangible
24 200	50 25 Maul		10		Personal Property Tax due June 30	Yes No
	9. Name and Address of Current		B17	Name	10. Name and Address of New Register	Agent
	ant moore macdonald & We North Laura Street	Lo, PA		TABLERO		
SUITE 3100			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
	CKSONVILLE FL 32202		83			
			84	City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name					poration 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	Christi L	<u>lilpin</u>	416		<i>4]</i> 6	X5 198
12.	Signature typed or profind name of registered agent OFFICERS AND		Registered Ager	ni signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO CITIOENS A	☐ Change ☐ Addition
NAME	GILPIN, CHRISTI L		1.2 NAME]
STREET ADDRESS	406 FOURTH STR, NORTH BE	ACH	1.3 STREET	ADDRESS		[3]
CITY-ST-ZIP	ST AUGUSTINE FL 30295		1.4 CITY-ST	- ZIP		
TITLE	D Gilpin, Todd	☐ DELETE	21 TITLE			Change Addition C
NAME	408 FOURTH STR, NORTH BE	ACH	2.2 NAME			
STREET ADDRESS	ST AUGUSTINE FL 30295	1011	2.3 STREET	**		
CITY-ST-ZIP TITLE	D	DELETE	2. 4 CITY-S	I-ZIP		Change Addition
NAME	GILPIN, ELIZABETH J		3.2 NAME			
STREET ADDRESS	5010 BRIDLEWOOD COURT		3 3 STREET	ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL 320		3.4. CITY-S	T- ŽIP		
TITLE	D C FOWARD IN	☐ DELETE	4.1 TITLE	i		Change Addition
NAME	GILPIN, C. EDWARD JR 5010 BRIDLEWOOD COURT		4. 2 NAME			i.
STREET ADORESS	PONTE VEDRA BEACH FL 320	42	4.3 STREET			
CITY-ST-ZIP TITLE	TONIE TEDIA DEPOTITE DED	DELETE	5.1 TITLE	- ZIP		Change Addition
NAME		EJ vecere	5.2 NAME			
STREET ADDRESS			5.3 STREET	NODRESS		1
CITY-ST-ZIP			5.4 CITY-ST			}
TITLE		DELETE	61 TITLE			Change Addition
NAME			6.2 NAME	ĺ		•
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			64 CITY-ST	- ZIP		

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.