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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P97000021570 (1)

T & M CONSTRUCTION OF NORTH FLORIDA, INC

Principal Place of Business	Mailing Address		
694 OAK PARK RD SOPCHOPPY FL 32358	•	694 OAK PARK RD SOPCHOPPY FL 32358	
. Principal Place of Business	•	28. Mailing Address	

**FILED** Mar 06 1998 8:00am Secretary of State



694 OAK PARK RD SOPCHOPPY FL 32358		694 OAK PARK RD SOPCHOPPY FL 32358			DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE			
	•				3. Date Incorporated or Qualified 03/04/1997	NO OF ACE			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	Applied For		
21		26			59-3429401	N	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired		Additional Required		
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	<b>~</b>	May Be I to Fees		
Zip <b>24</b>	Country 25	Zip	Count	У	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	X Yes [	ntangible		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
TE	RMARSCH, TIMOTHY D		8.	Name					
	4 OAK PARK RD		8:	Street A	Address (P.O. Box Number is Not Acceptable)				
so	PCHOPPY FL 32358		_						
			6:	1					
			84		<del>_</del>	· L   `	Code		
11. Pursuant to office or reagent. Lat	to the provisions of Sections 60; egistered agent, or both, in the m familiar with, and accept the	7.0502 and 607.1508, Florida Statu State of Florida. Such change was obligations of, Section 607.0505, F	ites, the above authorized b lorida Statute	ve-named by the corp as.	corporation submits this statement for the purpos poration's board of directors. I hereby accept the	e of changing appointment as	its registered s registered		
SIGNATURE									
	Signature, typed or printed name of register	ed agent and tille it applicable. (NO S AND DIRECTORS		gent algnature	required when reinstating) DAT  ADDITIONS/CHANGES TO OFFICERS A		DC IN 40		
12.	OFFICER	DELETE	13. 1.1 TITLE	———	P/D	Change			
NAME			1.2 NAME	İ	Timothy D. Termarsch		1		
STREET ADDRESS				T ADDRESS	694 Oak Park RA				
CITY-ST-ZIP			1.4 CiTY -	1	sopehoppy. FL 32	358	Ĭ		
TITLE		☐ DELET <b>E</b>	2.1 TITLE			☐ Change	Addition		
NAME			2.2 NAME	- 1					
STREET ADDRESS			2.3 STREE	T ADDRESS					
CITY-ST-ZIP			2. 4 CHY-	ST-ZIP					
TITLE		☐ DELET <b>E</b>	3.1 TITLE			☐ Change	☐ Addition		
NAME			3.2 NAME	ļ			ŀ		
STREET ADDRESS				1 ADDRESS					
CITY-ST-ZIP		DELETE	3.4. CITY-	ST-ZiP		Change	Addition		
TITLE NAME		□ orreit	4.1 TITLE	, ,		T CHRUTE			
F				T ADDRESS			İ		
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-			_			
TITLE		DELETÉ	5.1 TITLE	31-211		□ Øbenge	☐ <b>/</b> Addition		
NAME			5.2 NAME	ļ		///			
STREET ADDRESS				T ADDRESS		$\langle y \rangle$	//n		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		$II/\mathcal{I}$	$\omega$		
TITLE		☐ DELETE	6.1 TITLE		2000024494 -03/06/9801044	Change	Addition		
NAME			6.2 NAME		ニョン・コート こうりょう こうりょう こうりょう かいりょう かいりゅう こうしゅん こうしゅん こうしゅん しゅうしゅう しゅう	കുമായ് കൂടു			
STREET ADDRESS			6.3 STREE	T ADDRESS	***150.00	UZO			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	***100.0U				

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.

8-1-98

850 -524 -6322