


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

047706

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90135 017 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000034433**

1. Corporation Name  
**TTC ENTERPRISES, INC.**



Principal Place of Business <b>2738 BEE RIDGE RD SARASOTA FL 34239</b>	Mailing Address <b>2738 BEE RIDGE RD SARASOTA FL 34239</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/16/1997**

4. FEI Number <b>65-0757458</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business 21 <b>1670 N.W. Federal Hwy</b> Suite, Apt. #, etc.	2a. Mailing Address <b>"Same"</b>
22 City & State 23 <b>STUART FLORIDA</b>	27 City & State
24 Zip <b>34994</b> 25 Country <b>Martin</b>	29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SMITH, BURMAH~~ **PAUL Holley**  
**1670 N FEDERAL HWY**  
**STUART FL**

81 Name <b>PAUL Holley</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1670 N.W. Federal Hwy</b>
83
84 City <b>STUART</b> 85 FL 86 Zip Code <b>34994</b>

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 **PAUL D. Holley President.** 3-17-99  
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>SMITH, BURMAH</del> <b>PAUL Holley</b>		1.2 NAME <b>PAUL Holley</b>	
STREET ADDRESS <b>1670 NORTH FEDERAL HIGHWAY</b>		1.3 STREET ADDRESS <b>1670 N.W. Federal Hwy</b>	
CITY-ST-ZIP <b>STUART FL 34994</b>		1.4 CITY-ST-ZIP <b>STUART, FLORIDA 34994</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **PAUL D. Holley** 3-17-99 561-692-0778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)