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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mørtham 🗼

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000049039 (5)

## FILED Apr 30 1998 8:00am Secretary of State

1. Corporatio T&C L(	OGGING, INC.	Mailing Address		
312 YELVINGTON RD 312 YELVINGTON RD				
EAST PALATI	(A FL 32131	EAST PALATKA FL 32131		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				06/03/1997
<del></del>	Place of Business	2a. Mailing Address 26 PO BOX 73	2	4. FEI Number S9 - 345 05 79   Applied For Not Applicable
Suite, Apt.	#. eic.	26 PO BOX 73	21	\$9.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	e e	City & State		6. Election Campaign Financing \$5.00 May Be
23			ATYA FI	Trust Fund Contribution Added to Fees
Zip 24	Country 25	<sup>7</sup> (p) 32/31	30] PUTUAN	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
24	Name and Address of Current		30/10/10/11/1	10. Name and Address of New Registered Agent
HILTON, CONNIE 81 Name				
7350 CRILL AVE B2 Street Address (P.O. Box No.				ess (P.O. Box Number is Not Acceptable)
RT 4 80X 567				
PA	LATKA FL 32177		83	
	·		84 City	FL 85 Zip Code
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	formie in Xeth	no (h	IN. M. BLUK	U 4/22/98
12.	Signature, typed or printed name of registered age:  OFFICERS AND		Registered Agent signature require 13.	ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PESIDENT	DELETE	1.1 TITLE	Change Addition
NAME	HAWLENCE V TILTON HO BOX 1804 731 [3]	SP	1.2 NAME	
STREET ADDRESS	DO BOX 1991 (3)	12 YEWINGTOW KA)	1.3 STREET ADDRESS	
CITY-ST-ZIP	EAST PALATKA I FL.	32131	1.4 CITY-ST-ZIP	
TITLE	V. PRESIDENT	DELETE	2.1 TITLE	L Change L Addition
NAME Street address	P.O. BUX 1324	SAMO	2.2 NAME 2.3 STREET ADDRESS	
CITY-ST-ZIP	BAST PALATICA FL	<b>7213 I</b>	2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	•
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME		[] DELETE	4.1 TITLE 4. 2 NAME	Criange Addition
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
, name 🙀			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CHY-SI-ZIP	Change I addition
TITLE		( DELETE	6.1 TITLE	L. Change L. Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
	net's that the intermetion amounted wit	to their Elling along and a self-for-		Conting 110 07/9/i) Elevide Statutes I further certify that the information

I. 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 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 eath; 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 appendices.