PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000051433

TENBY HOLDINGS LIMITED, INC.

ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 2a. Mailing Address 2. Principal Place of Business

FILED Mar 02, 1999 8:00 am **Secretary of State**

03-02-1999 90182 007 ***150.00

Principal Place of Business Mailing Address 1275 81ST STREET SOUTH 1275 81ST ST SOUTH DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/10/1997 4. FEI Number Applied For Not Applicable 39-3498434 26 21 \$8.75 Additional . Suite, Apt. #, etc. Suite, Apt. #, etc. ¹ \square 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zio Country Zip 8. This corporation owes the current year Intangible Пио Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 医可信息 DRIZIN, JERRY 82 Street Address (P.O. Box Number is Not Acceptable) 24703 U.S. HWY, 19 N. #218 **CLEARWATER FL 34623** 83 d City 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change DELETE 1.1 TITLE TITLE 12 NAME WHITMORE HUGHES, JEFFREY NAME 24703 U.S. HWY. 19 N. #218 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 34623** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition ☐ DELETE Change 5.1 TITLE TITLE 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 the empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)