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

SIGNATURE:

Jul 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION * Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # P97000062842 (4) T-DEK, INC. Principal Place of Business Mailing Address 530 W BELMAR ST 530 W BELMAR ST LAKELAND FL 33803 LAKELAND FL 33803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/18/1997 2a. Mailing Address 2. Principal Place of Business Applied For 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 TYNER, DENNIS E 530 W BELMAR ST 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33803 **B3** 84 City Zip Code 65 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 alignature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change 4.1 TITLE 1.2 NAME 1.3 STREET ADDRESS ADDRESS 1.4 CITY - ST - ZIP CITY ST-ZIP DELETE 2.1 TITLE TITLE NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIE Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP 'ČITY - ST - ZIP Change Addition DELETE 4.1 TITLE NAME 4:2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY- TI- ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 10 5.4 CITY-ST-ZIP CITY-ST-ZIP **Q**0002586593^{mm} TITLE DELETE 6.1 TITLE NAME 6.2 NAME **97**/13/98--01074---**00**4 6.3 STREET ADDRESS STREET ADDRESS ***150.00 6.4 CITY-ST-ZIP 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.

FILED

2-12-98