

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90074 002 ***150.00

DOCUMENT # P97000082374

1. Corporation Name
TUFA, INC.

Principal Place of Business
5129 TURKEY LAKE ROAD
ORLANDO FL 32819

Mailing Address
5129 TURKEY LAKE ROAD
ORLANDO FL 32819



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number
59-3471203

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 4502 OLD WINTER GARDEN RD
Suite, Apt. #, etc.

2a. Mailing Address

27 802 N. LK. FORMOSA DR.
Suite, Apt. #, etc.

22 K
City & State

27
City & State

23 ORLANDO, FL

28 ORLANDO, FL

24 32811 25 Country

29 32803 30 Country

9. Name and Address of Current Registered Agent

KOSACK, KIRSTEN R
5129 TURKEY LAKE ROAD
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 802 N. LK. FORMOSA DR.

84 City

ORLANDO

FL

85 Zip Code
32803

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 Kirsten Kosack, PRES. KIRSTEN KOSACK
Signature, typed or printed name of registered agent and title if applicable.

3-25-99
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D 1
NAME KOSACK, KIRSTEN R
STREET ADDRESS 5129 TURKEY LAKE ROAD
CITY-ST-ZIP ORLANDO FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME
1.3 STREET ADDRESS 802 N. LK. FORMOSA DR
1.4 CITY-ST-ZIP ORLANDO FL 32803

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: Kirsten Kosack, PRES. KIRSTEN KOSACK PRES (407) 522-1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 3-25-99 Daytime Phone #

0100348

CR2E034 (11/98)