

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 15 1998 8:00 am  
Secretary of State

DOCUMENT # **P97000085946 (6)**

1. Corporation Name

**TUBS & MORE SUPPLY, INC.**

Principal Place of Business

**985 NW 164 AVE  
PEMBROKE PINES FL 33028**

Mailing Address

**985 NW 164 AVE  
PEMBROKE PINES FL 33028**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/03/1997**

4. FEI Number

**65-0784795**

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**JOHNSON, DOUGLAS M  
985 NW 164 AVE  
PEMBROKE PINES FL 33028**

81. Name

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

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

Signature, typed or printed name of registered agent and title 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>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, DOUGLAS M</b>	
STREET ADDRESS	<b>985 NW 164 AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33028</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

☐ Change ☐ Addition

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**000002590360**

**-07/16/98--01015--002**

**\*\*\*150.00**

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.

SIGNATURE: **Douglas M Johnson**

**7-5-98**

**954.437.5511**

CR2E034 (5/98)

7/9/98

Florida Dept. of State  
Tallahassee, Fl

To whom it may concern:

I spoke to a woman named Phyllis this morning about the report I received in the mail YESTERDAY. I opened my mail and found a notice that said I owe \$ 550.00 for the second notice. I have never lost anything in the mail and did not get a first notice. We have a neighbor boy of age 21 with mentality of 4 who has been seen rummaging through mail boxes. This is my only thought. She said to go ahead and pay the normal rate. Please accept this on Doug Johnson check. I am looking into a new business and wanted to open Corp. to be prepared for this. I do not have a checking account for this as yet.

Thank you,



Doug Johnson