Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90046 016 ***150.00

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

DOCUMENT # P97000090701

1. Corporation Name

T.B. AND A., INC.

Principal Place of Business Mailing Address							1 (88/1997 178 (811) (83)) 83(1) 84(1
723 S.E. 24TH TERRACE 723 S.E. 24TH TERRACE OCALA FL 34471 OCALA FL 34471							
							DO NOT WRITE IN THIS SPACE
\ 							3. Date Incorporated or Qualifed 10/20/1997
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21							59-3471759 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	.5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23							Trust Fund Contribution Added to Fees
Zip	Country		Zip	Country			8. This corporation owes the current year Intangible
24	25	29		10			Personal Property Tax. Yes Ano
	9 Name and Address of Current	Regis	stered Agent				10. Name and Address of New Registered Agent
ALVEY CAROL D					81	Name	
ALVEY, CAROL D 723 S.E. 24TH TERRACE				82 Street Address (P.O. Box Number is Not Acceptable)			
723 S.E. 241H TERRACE OCALA FL 34471							
UCA	DA FL 3447 I				83		
					84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 6	607.1508, Florida Statutes	, the a	bove	e-named corpo	eration submits this statement for the purpose of changing its registered
agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligation	ions of	da. Such change was auti , Section 607.0505, Florid	a Stat	utes.	trie corporation	n's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	t and title	if applicable. (NOTE: R	egistered	Agent	t signature required	when reinstating) DATE
12.	OFFICERS ANI			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVST		☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	ALVEY, CAROL D			1.2 NAME			
STREET ADDRESS	723 S.E. 24TH TERRACE			1.3 STREET		ADORESS	
CITY-ST-ZIP	OCALA FL 34471			1.4 CITY-5		T-ZIP	
TITLE		☐ DELETE 2.1 TI		TLE		☐ Change ☐ Addition	
NAME				2.2 N	AME		
STREET ADDRESS				2.3 51	TREET	ADDRESS	
CITY-ST-ZIP				.2.40	:πγ. <u>\$</u>	T-ZIP	
ทันะ			☐ DELETE	3.1 TI	TLE		Change Addition
NAME	•			3.2 N	AME		
STREET ADDRESS				3.3 ST	TREET	ADDRESS	
CITY-ST-ZIP				3.4. C	:πγ- <u>\$</u>	T-ZIP	
TITLE			☐ DELETE	4.1 TJ	TLE		☐ Change ☐ Addition
NAME				4. 2 N	IAME		
STREET ADDRESS				4.3 S	TREET	ADORESS	
*CITY-ST-ZIP.				4.4 CI	ITY-ST	T-ZIP	
πίε			☐ DELETE	5.1 TI			Change Addition
NAME				5.2 N			
STREET ADDRESS				5.3 S	TREET	ADDRESS	
CITY OT 7ID				5.4 CI	ITY-ST	T-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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

Addition

CR2E034 (11/98)