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Feb 23, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000003145

1. Corporation Name
CTB, INC.



Principal Place of Business
605 SEA OATS DR
DESTIN FL 32541

Mailing Address
605 SEA OATS DR
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 151 Regions Way
Suite, Apt. #, etc.
22 Suite 2-A
City & State
23 Destin, FL
Zip
24 32541 Country
25 USA

2a. Mailing Address
26 567 Calle Escada
Suite, Apt. #, etc.
27
City & State
28 Santa Rosa Bch, FL
Zip
29 32459 Country
30 USA

3. Date Incorporated or Qualified
01/12/1998

4. FEI Number
59-3485148 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

9. Name and Address of Current Registered Agent

BALZER, MICHAEL E
605 SEA OATS DR
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
567 Calle Escada
83
84 City Santa Rosa Beach FL 85 Zip Code 32459

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 ☐ DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE	DP	☐ Change ☒ Addition
1.2 NAME	John D. Wright	
1.3 STREET ADDRESS	108 Citrus Ridge Drive	
1.4 CITY-ST-ZIP	Davenport, FL 33837	
2.1 TITLE	DSCC	☐ Change ☒ Addition
2.2 NAME	Doris Wright	
2.3 STREET ADDRESS	108 Citrus Ridge Drive	
2.4 CITY-ST-ZIP	Davenport, FL 33837	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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:

John D. Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99
Date

941
424 2677
Daytime Phone #

CR2E034 (11/98)