PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTME

Katherine Ha

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800006408

T C B PRODUCTS, INC.

Principal Place of Business

2. Principal Place of Business

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RICHARDS, MICHAEL C

7685 MATOAKA ROAD

Suite, Apt. #, etc.

City & State

7685 MATOAKA ROAD SARASOTA FL 34243

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Mailing Address

7685 MATOAKA ROAD SARASOTA FL 34243

2a. Mailing Address

City & State

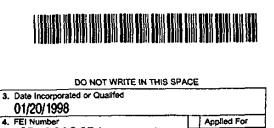
29

9. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90100 022 ***150.00



Not Applicable

□No

\$8.75 Additional

Fee Required

\$5.00 May Ba

Added to Fees

☐ Yes

65-0803674

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

SARASOTA FL 34243 83 Zio Code 84 City 85 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 CR2E034.(1:1/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition Chance DELETE 1.1 TITLE TID F ROLFE, LINDSAY A NAME 7685 MATOAKA ROAD 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34243 1.4 CITY-ST-ZP CITY-ST-ZIF Addition □ OELETE Change 21 TITLE TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS Z 4 CHY-SI-ZP CITY ST-ZP Change [Addition DELETE 31 TMLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 51 TITLE TILE 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TIZLE ☐ Change DELETE TITLE 6.2 NAME

Country

Name

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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 shell have the same legal effect as if made under ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as figured 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 empoy REQUIRE

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

941.359.8454