Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90010 011 \*\*\*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 # P98000027689

1. Corporation Name

T & L ENTERPRISES OF TAMPA, INC.

, a L.C.	TEM THOSE OF THE WAY IN										
Principal Place	of Business	Mailing Address									
11015 N. DALE	MABRY HIGHWAY	11015 N. DALE MABRY HIGHWAY TAMPA FL 33618									
TAMPA FL 3361	8						DO NOT WRITE IN THIS SPACE				
						3	Date Incorporated or Qualifed				
						•	03/25/1998				ļ
Principal Place of Business     2a. Mailing Address						4.	FEI Number		T	Appli	ed For
<del></del> 1	ace of Busiless	26				59-3507954				Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			1_		F) -	\$8.7	5 Ad	ditional	
22	<u> </u>	27			<b>- 1</b> -5.	Certificate of Status Desired	<u> </u>	Fee	Requ	uired	
City & State		City & State			6.	Election Campaign Financing		\$5.0	<b>00</b> м	ay Be	
23	·					Trust Fund Contribution		Add	led to	Fees	
Zip	Country	Zip	Cour	ntry		8.	This corporation owes the curre			_	_
24	25	29	30				Personal Property Tax.		☐Yes		No
	9. Name and Address of Current	Registered Agent		1		10.	Name and Address of New F	legistered A	<u>igent</u>		
	UDORE LA			81	Name						
ASENDORF, J A			ŀ	82 Street Addre			O. Box Number is Not Accepta	ble)			
	EAST KENNEDY BOULEVARD			83							-
	E 2700										
IAMI	PA FL 33602	•	ŀ	84	City				85 2	Zip Co	de
					•	_		<u>FL</u>	44		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statute	s, the at	ove by	e-named corp	oratio	n submits this statement for the pard of directors. I hereby accer	purpose of o	:hanging tment a	) its re s regi:	egistered stered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statu	tes.	uio ooipoidu	J O D.	<b>00.0 0. 000</b>			_	
SIGNATURE											
	Signature, typed or printed name of registered agent			Agen	t signature require	d when	reinstating) ADDITIONS/CHANGES TO OF	DATE CICEDS ANI	O DIRE	CTOR	S IN 12
<b>12</b> .	OFFICERS AND	D DIRECTORS  DELETE	13.	16			ADDITIONS/CHANGES TO OF	I ICENS AN	Chan		Addition
TITLE	D DI AMPENI INI E C		1.1 III 1.2 NA							-5-	
NAME [	BLANDEN, LYLE C	AV			*******						ĺ
STREET ADDRESS 11015 N. DALE MABRY HIGHWAY		AT	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP							Į	
CITY-ST-ZIP	TAMPA FL 33618	☐ DELETE			1-ZIP				Char	nge	[ ] Addition
TITLE			2.1 11121 2.2 NAM							•	_
NAME					4DDD500						ļ
STREET ADDRESS					ADDRESS			-·			ĺ
C/TY-ST-Z/P	,	☐ DELETE	2.4 CI		1-ZIP				[T] Char	nge	Addition
TITLE			3.2 NA						_	-	_
NAME					ADDDECC						
STREET ADDRESS	•				ADDRESS						
CITY-ST-ZIP	<u> </u>	☐ DELETE	3.4. CI 4.1 TIT	_	1-ZIP		······································		☐ Char	nge	Addition
TITLE			4.2 N						_	•	_
NAME			1		ADDRESS						
STREET ADDRESS											
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CF 5.1 TF		1-21-				☐ Char	nge	Addition
TITLE			5.2 NA						_		
NAME CONTEST ADDRESS					ADDRESS						
STREET ADDRESS			5.4 CF		ļ.						
CITY-ST-ZIP	<del>                                     </del>	DÉLETE	6.1 TT						Char	nge	☐ Addition
		<u> </u>	6.2 NA								
NAME					ADDRESS						

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

REQUIRED