PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P98000035504**1. Corporation Name

T&T RENOVATING, INC.

Principal Place of Business	Mailing Address
3432 GONDOLIER WAY	3432 GONDOLIER WAY
ANTANA FL 33462	LANTANA FL 33462

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90060 017 ***150.00



Principal Place of Business Mailing Address					1 38811881 116 18181 18111 SRINI BRINI	
3432 GONDOLIER WAY LANTANA FL 33462 3432 GONDOLIER WAY LANTANA FL 33462						·
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						04/17/1998
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0836294 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_		5. Certificate of Status Desired \$8.75 Additional
27					5. Certificate of Status Desired Fee Required	
City & State City & State					6. Election Campaign Financing \$5.00 May Be	
23	28					Trust Fund Contribution Added to Fees
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible
24	25	29	30	,		Personal Property Tax.
	9. Name and Address of Curre	nt Registered Agent	-	81	Name	10. Name and Address of New Registered Agent
TED	ECL DODEDT E		•	"	Name	
TERESI, ROBERT F			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
3432 GONDOLIER WAY LANTANA FL 33462			83			
LAIN	TANA FL 33402			03		
				84	City	FL 85 Zip Code
- 		200 - 4 007 4500 Florido Cheb.	4 th		namad a	orporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the Stati	e of Florida. Such change was a	authorize	d by	tne corpor	ation's board of directors. I hereby accept the appointment as registered ,
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Stat	utes		
SIGNATURE		TIOT.	- n			juired when reinstating) DATE
12.	Signature, typed or printed name of registered ac	pent and title if applicable. (NOT) AND DIRECTORS	E: Registere	Agen	t signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 T	TLE		☐ Change ☐ Addition
NAME	TERESI, ROBERT F	_	1.2 N	AME		
STREET ADDRESS	A AAA A AAA BALIED MAAA				ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462			ITY-S		
TITLE	D	☐ DELETE	2.1 T	_		☐ Change ☐ Addition
NAME	TERESI, SHERYL A		2.2 N	AME		
STREET ADDRESS			2.3 S	TREET	ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462		1		T-Z i P	
TITLE	ENTITION 1 E GOTOL	☐ DELETE	3.1 T	_		☐ Change ☐ Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREE1	ADDRESS	
CITY-ST-ZIP			3.4. 0	CITY-S	T-ZIP	,
TITLE		DELETE	4.1 T	TLE		☐ Change ☐ Addition
NAME			4.21	IAME	1	
STREET ADDRESS			4.3 S	TREE1	ADDRESS	
CITY-ST-ZIP			4.4 0	ITY-S	T-ZIP	
TITLE		☐ DELETE	5.1 T	ITLE		☐ Change ☐ Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET	T ADDRESS	·
CITY-ST-ZIP			5.4 0	ITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 T	ITLE		☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADORESS	1		6.3 S	TREE!	FADDRESS	

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:

561 964-4267