Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

Yes

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

SHEAR, ROBERT L

2790 SUNSET POINT ROAD



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000038589

1. Corporation Name

23

24

T.R. ANTON INCORPORATED FLORIDA

Principal Place of Business	Mailing Address				
334 EAST LAKE ROAD #310 PALM HARBOR FL 34685	334 EAST LAKE ROAD #310 PALM HARBOR FL 34685				
2. Principal Place of Business	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

City & State City & State 28 Country Zip Country Zip

29 30 25 9. Name and Address of Current Registered Agent

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90233 031 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

04/28/1998 4. FEI Number

Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

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

CLEARWATER FL 33759			83					
			0.5					
			84	City	FL.	85	Zip Co	ode
office or re	to the provisions of Sections 607.0502 and 60 egistered agent, or both, in the State of Floridan familiar with, and accept the obligations of, 3	i. Such change was au	thorized by	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changi itment	ng its r as regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: I	Registered Ager	t signature require	d when reinstating) DATE			
12.	OFFICERS AND DIREC	TORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRI	CTOR	S IN 12
TITLE	Р	☐ DELETE	1.1 TITLE				ange	Addition
NAME	HARPOLE, PAMELA A		1.2 NAME					
STREET ADDRESS	334 EAST LAKE ROAD #310		1.3 STREET ADDRESS					
CITY-ST-ZIP	PALM HARBOR FL 34685		1.4 CfTY-ST-ZfP					
TITLE	V	☐ DELETE	2.1 TITLE			□ Ch	ange	☐ Addition
NAME	HOWES, GEORGE		2.2 NAME	Į.				
STREET ADDRESS	27068 LAPAZ ROAD #517		2.3 STREE	ADDRESS				
CITY::ST-ZIP	LAGUNA NIGUEL CA 92656		≕ 2: 4 CiTY-6	T-ZIP				
TITLE	V	☐ DELETE	3.1 TITLE			Ch	ange	☐ Addition
NAME	CREAGER, DALE		3.2 NAME					
STREET ADDRESS	27068 LAPAZ ROAD #517		3.3 STREE	ADDRESS				
CITY-ST-ZIP	LAGUNA NIGUEL CA 92656		3.4. ÇITY-S	T-ZIP				
TITLE	ST	☐ DELETE	4.1 TITLE			Ch	ange	☐ Addition
NAME 1	SANABRIA, EDWARD R		4. 2 NAME					
STREET ADDRESS	334 EAST LAKE ROAD #310		4.3 STREE	ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL 34685		4.4 CITY-S	r-zip				
TITLE		☐ DELETE	5.1 TITLE			☐ Ch	ange	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	r-zip				
TITLE		☐ DELETE	6.1 TITLE			Ch	ange	☐ Addition
NAME			6.2 NAME					i
STREET ADDRESS			6.3 STREE	ADDRESS				
CITY-ST-ZIP	•		6.4 CITY-S	r-zip	•			
14. I hereby c	ertify that the information supplied with this fili	ng does not qualify for	the exempt	on stated in S	Section 119.07(3)(i), Florida Statutes. I further cer	ify tha	t the int	formation

officer or director of the corpo Block 12 or Block 13 if charge ecute this report as required by Chapter 607. Florida Statutes; and that my name appears in

SIGNATURE: