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 # P98000054024 1. Corporation Name

TDKEARNS, INC.

NAME

STREET ADDRESS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90088 034 ***150.00



Principal Place of Business Mailing Address									•	
2414 BEE RIDGE RD 2414 BEE RIDGE RD					l					
SARASOTA FL 34239 SARASOTA FL 34239					- 1	DO NOT WRITE IN THIS SPACE				
					- 1	3. Date Incorporated or Qualifed	IE IN INIS	3FACE		
					.	l				
					·	06/17/1998				
	Principal Place of Business 2a. Mailing Address					4. FEI Number		_ 	plied For	
21 33900	33900 Bermont Road 26 33900 Ber				ad	65-0850835			t Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75		
22	27				-			Fee Re	quired	=
City & State						6. Election Campaign Financing	П	\$5.00	, 1	
23 Punta Gorda, FL 28 funta Gorda			<u>. FC</u>			Trust Fund Contribution *		'Added 1	o Fees	
Zip	Country	Zip	_ Coun	•		8. This corporation owes the curr	ent year Inta		_	
24 339	82 25 USA	29 33982 30	U.	<u> </u>		Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent		<u></u>		10. Name and Address of New F	Registered A	Agent		
		•	- 1	31 Name	Na	le E. Kearns				
STEPHEN F. VOIGT, P.A.				32 Street		ss (P.O. Box Number is Not Accepta	able)			
2414 BEE RIDGE RD				J. 5.10017	33	900 Bermont	Road	_		٠
SAR	ASOTA FL 34239		1	33						٠
			L					7 1		
S	•	•		B4 City	٠., 4	nta Gorda	FI	85 Zip 9	3987	
44 D.	the sh	wa-named	COMOL	ration submits this statement for the	nurnose of	changing its	registered			
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 a.	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statut	es.					1	
SIGNATURE	Jale ?- Keams		٤.	CEARA	٧١		<i>3-30</i>	1-79		
	Signature, typed or printed name of registered agent OFFICERS AND		gistered A	gent signature re	ednised w	when reinstating) ADDITIONS/CHANGES TO OF	EICEDS AN	D DIRECTO	RS IN 12	ć
12.		DELETE	1.1 TITL	<u> </u>		ADDITIONS/CHANGES TO OF	1 IOLINO AIV	Change	Addition	•
TITLE	President	C DELETE	Į.					ogo		
NAME	Terry L. Kearns		1.2 NAM							- (
STREET ADDRESS				EET ADDRESS						į
CITY-ST-ZIP	Punta Gorda FL	33982		'-ST-ZIP						1
TITLE	Vice President	☐ DELETÉ	2.1 TITL	E				Change	☐ Addition	•
NAME	Note T Vonces	,	2.2 NAW	Œ						
STREET ADDRESS	33900 Bermont	2 oad	2.3 STR	EET ADORESS						
CITY-ST-ZIP	Punta Gorda FL	3392)	2. 4 CIT	Y-ST-ZIP	L			.*	-	
TITLE		☐ DELETE	3.1 TITL	E			· <u> </u>	☐ Change	☐ Addition	
NAME			3.2 NAW	IE					ļ	
STREET ADDRESS			3,3 STR	EET ADDRESS					Ì	
·				Y-ST-ZIP						
CITY-ST-ZIP		☐ DELETE	4.1 TITL					Change	☐ Addition	
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NAME									}	
STREET ADDRESS	-			EET ADDRESS					l	
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NAME	•		5.2 NAM	_		-			ļ	
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CITY-ST-ZIP				/-ST-ZIP						
TITLE		☐ DELETE	6.1 TITL	E				Change	☐ Addition	

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.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

941-639-0008