

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90094 031 ***158.75

DOCUMENT # P98000060672

1. Corporation Name

T.N.T. PLUS 3, INC.

Principal Place of Business

**7401 ALAFIA DRIVE
RIVERVIEW FL 33569**

Mailing Address

**7401 ALAFIA DRIVE
RIVERVIEW FL 33569**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1998

4. FEI Number

59-3528453

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 7401 ALAFIA DR.

Suite, Apt. #, etc.

22 N/A

City & State

23 RIVERVIEW FL.

Zip

24 33569

Country

25 U.S.A.

2a. Mailing Address

26 7401 ALAFIA DR.

Suite, Apt. #, etc.

27 N/A

City & State

28 RIVERVIEW FL.

Zip

29 33569

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**ASP, TIMOTHY K
7401 ALAFIA DRIVE
RIVERVIEW FL 33569**

10. Name and Address of New Registered Agent

81 Name

N/A

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

83

84 City

FL

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

25 JANUARY 1999

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

ASP, TIMOTHY K

STREET ADDRESS

7401 ALAFIA DRIVE

CITY-ST-ZIP

RIVERVIEW FL 33569

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/D

☒ Change

☐ Addition

1.2 NAME

ASP, TIMOTHY K

1.3 STREET ADDRESS

7401 ALAFIA DRIVE

1.4 CITY-ST-ZIP

RIVERVIEW FL 33569

2.1 TITLE

V

☐ Change

☒ Addition

2.2 NAME

ASP, TONIA M

2.3 STREET ADDRESS

7401 ALAFIA DRIVE

2.4 CITY-ST-ZIP

RIVERVIEW FL 33569

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 JANUARY 1999

Date

(813) 671-9149

Daytime Phone #

CR2E034 (1/1/98)