


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90053 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000077190

1. Corporation Name

TOTAL ECONOMIC RECOVERY, INCORPORATED

Principal Place of Business

P.O. Box 1195
CRYSTAL BEACH FL 34681

Mailing Address

P.O. Box 1195
CRYSTAL BEACH FL 34681

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1998

2. Principal Place of Business

21 P.O. Box 471
 Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 471
 Suite, Apt. #, etc.

4. FEI Number

59-3532776

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
 Fee Required

6. Election Campaign Financing

☐ **\$5.00** May Be
 Added to Fees

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

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SMITH, MATTHEW R
512 TENNESSEE AVE.
CRYSTAL BEACH FL 34681

10. Name and Address of New Registered Agent

81 Name **TERRENCE L. GAUTHIER**
82 Street Address (P.O. Box Number is Not Acceptable)
C/O. SUNCOAST ACCOUNTING SERVICES, INC.
83 **5116 N. ARMENTA AVE**
84 City **TAMPA** **FL** **85 Zip Code** **33603-1406**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-99

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ **DELETE**
NAME **SMITH, MATTHEW R**
STREET ADDRESS **512 TENNESSEE AVE.**
CITY-STATE-ZIP **CRYSTAL BEACH FL 34681**

TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ **DELETE**
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☐ **Change** ☒ **Addition**
1.2 NAME **GAUTHIER, TERRENCE L.**
1.3 STREET ADDRESS **P.O. Box 471**
1.4 CITY-STATE-ZIP **CRYSTAL BEACH, FL 34681**

2.1 TITLE ☐ **Change** ☐ **Addition**
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ **Change** ☐ **Addition**
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ **Change** ☐ **Addition**
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ **Change** ☐ **Addition**
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ **Change** ☐ **Addition**
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 registered agent 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:

4-20-99 **727-481-1217**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)