2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082592 1. Entity Name

. Endy Name

T & R ENTERPRISES, INC. OF NORTH FLORIDA

Principal Place of Business Mailing Address								
1901 E 17TH CT PANAMA CITY FL 32405		1901 E 17TH CT Panama City FL 32405-6007						
2. Principal P 9 2 (2 Suite, Apt.		3. Mailing Address P, 0, 13 ox 100 10 Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	laway Fl	City & State Callaway, Fl			4. FEI Number APPLIED FOR			plied For t Applicable
Zip 324		32404 11	Country		5. Certificate of Statu		\$8.75 Addi	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
RIGBY, RICHARD 1901 E 17TH CT PANAMA CITY FL 32405				Name Richard Rigby Street Address (P.O. Box Number is Not Addeptable) 926 Lee Court				
				Call	away	F	L Zip Code	404
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, of both, in the State of Florida. SIGNATURE Richark Richard Richark Richark Richark Richark Richark Richark Richar								
Tax filling r	ration is eligible to satisfy its intangible acquirement and elects to do so. it is on back)	After MAY 1, 2000	After MAY 1, 2000 Fee will be \$550.00 (ce Check Payable to Department of State			ampaign Financing Contribution.	Added	May Be to Fees
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANC	SES TO OFFICERS A	ND DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Rigby, Tiffáney 1901 e 17th Ct Panama City Fl	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	8 926	Eident/T horb Rigby Lee Court laway, Fl-	32.404	☆ Change	☐ Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRES	s			☐ Change	☐ Addition

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF SHITTED NAME OF SIGNING OFFICER OF DIRECTOR

President

Date

850-832-2068

Daytime Phone #

FILED

Apr 12, 2000 8:00 am Secretary of State

04-12-2000 90193 041 ***158.75