

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90006 007 \*\*\*150.00

**DOCUMENT # P98000100375**

1. Corporation Name

**TILBOR MARKETING & DEVELOPMENT INC.**

58779 - 90006 - 7



Principal Place of Business  
**4707 VAN KLEECK  
NEW SMYRNA BEACH FL 32169**

Mailing Address  
**4707 VAN KLEECK  
NEW SMYRNA BEACH FL 32169**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/02/1998**

4. FEI Number

**59-3545588**

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. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WRIGHT, THOMAS D  
340 N CAUSEWAY  
NEW SMYRNA BEACH FL 32169**

81 Name

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **TILBOR, NEIL**  
STREET ADDRESS **4707 VAN KLEECK**  
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

1.1 TITLE **D/P/T** ☒ Change ☐ Addition  
1.2 NAME **Tilbor, Neil**  
1.3 STREET ADDRESS **4707 Van Kleeck Drive**  
1.4 CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE **V/S** ☐ Change ☒ Addition  
2.2 NAME **Lori M. Campbell**  
2.3 STREET ADDRESS **4707 Van Kleeck Drive**  
2.4 CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

*Lori M. Campbell* **Lori M. Campbell** 7/2/99 904-426-2922

CR2E034 (5/99)

587779-900067  
P98000100375

**T I L B O R**

MARKETING & DEVELOPMENT INC.

4707 VAN KLEECK DRIVE, NEW SMYRNA BEACH, FL 32169  
(904) 426-2922 Fax (904) 426-5956

July 2, 1999


Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed is our completed 1999 Profit Corporation Annual Report Packet, together with our check for \$150.

This is our Second Notice. We are newly incorporated and, not being familiar with this form, misdirected our first notice. We would greatly appreciate it if you would waive the \$400 late fee. Today I spoke with Ms. Marie Bartlett in your Corporations Department and she suggested that we send this letter requesting the waiver.

Thank you in advance for your consideration.

  
Lori M. Campbell  
Vice President

cc: Neil Tilbor

Enclosures