FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P98000101747

1. Corporation Name

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90178 047 ***150.00

T. C. SU	JPPLY, INC.							
Principal Pla	ce of Business	Mailing Address					80 (8) (8 <u>8)</u> (8)	AKDII IOBI IOBI
5849 PARK STREET NORTH UNIT 312 5849 PARK STREET NORTH U								•
ST. PETERSBURG FL 33709 ST. PETERSBURG FL 33709						DO NOT MOTE IN THE	0.00405	7
						DO NOT WRITE IN THE 3. Date Incorporated or Qualifed	S SPACE	
						12/02/1998	`	,
2. Principal Place of Business 2a. Mailing Address					•	4. FEI Number	A	pplied For
27 2727-23 AVE NOTH 26 PO BOX 1				13752		54-3598 all	N	lot Applicable
Suite, Apt. #, etc.						5. Certifcate of Status Desired	v	Additional Required
22 K	ar	City & State				A File Con Control File Control		
23 St 1	letersburg FL	28 St. Peterso	ma	FL		6. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
L ^{Zip} ス彡	スコノろ Country	Zip 33.133	Country	•		8. This corporation owes the current year	ntangible ☐ Yes	□No
24 5) 11 / 25	29 00 30	<u> </u>			Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Current	Registered Agent	81	Name		To. Haile and Address of New Registers	a rigent	
CLA	YTON, TERRY L		82					
5849 PARK STREET NORTH UNIT 312				Street	Addres	ss (P.O. Box Number is Not Acceptable)		
ST.	PETERSBURG FL 33709		83					
			-	0.1			ne Zie	Code
			84	City		F	L 85 Zip	Code
office or agent. I SIGNATURE	am familiar with, and accept the obligat	tions of, Section 607.0505, Florida	a Statutes	i.		n's board of directors. I hereby accept the app when reinstating) DATE	Jinunent as re	——— {
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	DP	☐ DELETÉ	1.1 TITLE				Change	☐ Addition
NAME	CLAYTON, TERRY L		1.2 NAME			•		
STREET ADDRES	s 5849 Park Street North U N	IIT 312	1.3 STREE	T ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33709		1.4 CITY-S	T-ZIP		•		DALES
TITLE	_		2.1 TITLE				Change	Addition
NAME	Columbooli, Crate ii oiii		2.2 NAME					
STREET ADDRES				TADDRESS	}		,	1
CITY-ST-ZIP			2.4 CITY-S 3.1 TITLE	ST-ZIP			☐ Change	Addition
TITLE	DO1		3.2 NAME		1	-	oa.ngo	
NAME STREET ADDRES	AGAG GATTA ANDROUGH MORTH			T ADDRESS				
CITY-ST-ZIP	OT DETERORUPO EL COTAS			ST-ZIP				
TITLE			4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRES	s		4.3 STREE	TADORESS	1			
CITY-ST-ZIP			4.4 CITY-5	T-ZIP				
TITLE	_		5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRES	s			TADDRESS				
CITY-ST-ZIP		El potere	5.4 CITY-S 6.1 TITLE	T-ZIP	ļ		☐ Change	Addition
TITLE		☐ DELETE	6.2 NAME				□ cirange	☐ vacanon
NAME			1	TADDRESS				
STREET ADDRES	is		6.4 CITY - S					İ
CITY-ST-ZIP			0.7 00 11-8	11-217				

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: