

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).

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90004 040 ***558.75

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P98000103570** ✓

1. Corporation Name
T/B CONSTRUCTION SERVICES CORP.

600017-90004-40



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1540 CORDOVA AVENUE
 HOLLY HILL FL 32117**

Mailing Address
**1540 CORDOVA AVENUE
 HOLLY HILL FL 32117**

3. Date Incorporated or Qualified
12/11/1998

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number
59-3552496

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

9. Name and Address of Current Registered Agent
**BLANKENSHIP, DAVID L JR.
 1540 CORDOVA AVENUE
 HOLLY HILL FL 32117**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE **P** **D - PRESIDENT** DELETE

NAME **BLANKENSHIP, DAVID L JR.**

STREET ADDRESS **1540 CORDOVA AVENUE**

CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **S** **SECRETARY** DELETE

NAME **THOMPSON, MAURICE**

STREET ADDRESS **1283 W. GRANADA BLVD.**

CITY-ST-ZIP **ORMOND BEACH, FL. 32174**

TITLE **V** **VICE-PRESIDENT** DELETE

NAME **BROWN, HARVEY LEWIS**

STREET ADDRESS **1519 LEONE LANE**

CITY-ST-ZIP **PORT ORANGE, FL. 32119**

TITLE **T** **THOMPSON, JIMMY LEE** DELETE

NAME **THOMPSON, JIMMY LEE**

STREET ADDRESS **41 HIGHRIDGE ROAD**

CITY-ST-ZIP **HOLLY HILL, FL. 32117**

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 Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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.

SIGNATURE: **DAVID L. BLANKENSHIP JR., PRESIDENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.15.99 **904-671-1012**

CR2E034 (5/99)