

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90025 032 ***150.00

DOCUMENT # S72696

1. Corporation Name
T2M3, INC.

Principal Place of Business
2141 NE 2ND STREET
OCALA FL 32670

Mailing Address
2141 NE 2ND STREET
OCALA FL 32670

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1991

4. FEI Number
59-3094428

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 Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3019 SW 27th Ave -

26 3019 SW 27th Ave -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 102

27 Suite 102

City & State

City & State

23 Ocala, FL

28 Ocala, FL

Zip

Country

Zip

Country

24 34474

25 USA

29 34474

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, MICHAEL G.
2141 NE 2ND ST.
OCALA FL 34470

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3019 SW 27th Ave -

83 Suite 102

84 City
Ocala

FL

85 Zip Code
34474

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 PD
NAME THOMPSON, G. MICHAEL
STREET ADDRESS 2141 NE 2ND STREET
CITY-ST-ZIP Ocala FL 34470

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 3019 SW 27th Ave Suite 102
1.4 CITY-ST-ZIP Ocala, FL 34474

TITLE VPD
NAME MCLAUCHLIN, BEN G.
STREET ADDRESS 2141 NE 2ND STREET
CITY-ST-ZIP Ocala FL 34470

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 3019 SW 27th Ave Suite 102
2.4 CITY-ST-ZIP Ocala, FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 (352) 873-3900

Date

Daytime Phone #

CR2E034 (11/98)

0486469