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

DOCUMENT # S84008 1. Corporation Name

T & H MARKETING, INC.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90135 015 ***150.00



		•						
Principal Place of Business Mailing Address)1 01011 	J. W. I. B. I	
505 S TAMIAIM NOKOMIS FL 3 US		505 S TAMIAMI TRAIL NOKOMIS FL 34275 US		DO NOT WRITE IN TH	IIS SPACE	Ē		
00					3. Date Incorporated or Qualifed 09/30/1991			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Appl	ied For
21 32-00	Boyette St.	26 3200 Boye	:He	ST	65-0284563		Not.	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5:- Certifcate of Status Desired		75 Ad e Req	ditional uired
City & Stat	LEWOOD, FL	City & State 28 ENGLENOOD	C	L	6. Election Campaign Financing Trust Fund Contribution		.00 M	
Zip	Country	Zip	Country	y	8. This corporation owes the current year			ا رو
24 342	.ZY 25	29 34224 30		.	Personal Property Tax.	☐ Yes		No
	9. Name and Address of Curren	t Registered Agent		 -	10. Name and Address of New Registers	id Agent		
	MELDORPH, HOWARD R		81	Name				
6489		82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
SAR	ASOTA FL 34243		83	3	 -			ļ
			84	City		85	Zip Co	ode
					oration submits this statement for the purpose	L	•	
SIGNATURE	m familiar with, and accept the obligation of th	nt and title if applicable. (NOTE: Reg		nt signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOF	
12.		ID DIRECTORS			ADDITIONS/CHANGES TO OTT TOLING	☐ Cha		Addition
TITLE	D DONE BONNID H	DELETE	1.1 TITLE				9-	
NAME	HOKE, RONALD H		1.2 NAME					
STREET ADDRESS	3200 BOYETTE ST			ET ADDRESS				
CITY-ST-ZIP	ENGLEWOOD FL	☐ DELETE	2.1 TITLE	ST-ZIP		[] Cha	ange	Addition
TITLE	,	- DELETE	2.1 MILE					
NAME		i		ET ADDRESS				
STREET ADDRESS					= _ · • ·	-		.[
CITY-ST-ZIP	ZIP DELE		2.4 CITY- 3.1 TITLE	51-ZIP		[] Cha	ange	☐ Addition
TITLE		<u></u>	3.2 NAME					
NAME				ET ADDRESS				ļ
STREET ADDRESS			3.4. CITY-					
CITY-ST-ZiP		☐ DELETE	4.1 TITLE			[] Cha	ange	Addition
NAME			4. 2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE			[] Cha	ange	Addition
NAME			52 NAME			•		ļ
STREET ADDRESS	, .	,	5.3 STREI	ET ADDRESS				
CITY-ST-ZIP		,	5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			[] Cha	ange	Addition
NAME			6.2 NAME					Ì
STREET ADDRESS			6.3 STRE	ET ADDRESS				ļ
CITY-ST-ZIP			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 suppliemental 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:

4-27-99

Daytime Phone #