

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V41388 (2)
1. Corporation Name
THE TONNELIER GROUP, INC.



Principal Place of Business
**RURAL ROUTE 4
BOX 13
ALACHUA FL 32615**

Mailing Address
**RURAL ROUTE 4
BOX 13
ALACHUA FL 32615**

2. Principal Place of Business
21 **19109 NW 94 AVE**
Suite, Apt. #, etc.
22
City & State
23 **ALACHUA FL**
Zip
24 **32615** Country
25 **AL**

2a. Mailing Address
26 **19109 NW 94 AVE**
Suite, Apt. #, etc.
27
City & State
28 **ALACHUA FL**
Zip
29 **32615** Country
30 **AL**

3. Date Incorporated or Qualified **06/03/1992** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-3128732** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**TONNELIER, SCOTT
RURAL ROUTE 4
BOX 13
ALACHUA FL 32615**

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 607.06(2) 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Scott Tonnelier*

Signature of Registered Agent or New Agent (If Not Applicable)

Signature of Registered Agent or New Agent (If Not Applicable)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	D ☐ DELETE	1. TITLE	☐ Change ☐ Addition
NAME	TONNELIER, SCOTT	12. NAME	TONNELIER, SCOTT
STREET ADDRESS	RURAL ROUTE 4, BOX 13	13. STREET ADDRESS	19109 NW 94 AVE
CITY-ST-ZIP	ALACHUA FL	14. CITY-ST-ZIP	ALACHUA FL 32615
TITLE	☐ DELETE	2. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE	☐ DELETE	3. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	☐ DELETE	4. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	☐ DELETE	5. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	☐ DELETE	6. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(k), Florida Statutes. I further certify that the information included 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 this 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 addition with an address.

SIGNATURE:

Scott Tonnelier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)