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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V41388

(2)

THE TONNELIER GROUP, INC.

Principal Place of Business -- Same

FILED	
May 12 1997 8:00ar	n
Secretary of State	



-Box 48 - -Alachua Fl - Us	92 643	- BOX 13 ALACHUA FL 32615-00 US	102		Date incorporated or Qualified 06/03/1992	3a. Date of L		
2. Principal P	lace of Business	28. Mailing Address		. 84. 0.	4. FEI Number		Applied For	
21 7605	DN 20108+	26 7605 17	W 50) L29A	59-3128732		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		. 75 Additional ee Required	
City & State	Α	City & State			A Charles O			
B Gamesville FI 28 Guinesville			sville	K1	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24 320	Country	29 32653	Coun	try	8. This corporation has liability for in			
	9. Name and Address of Curre				10. Name and Address of New Reg			
RUI -BO)	NNELIER, SCOTT RAL-ROUTE-4- K-13- NGHUA-FL-32615	ę,	[[33 76	ress (P.O. Box Number is Not Acceptable OS NW 5043 St	gat	71p Code 33453	
agent. I a SIGNATURE	m familiar with, and accept the obli Signature, typed or printed name of registered a	gations of, Section 607.0505,	Florida Statu	ove-named corporal by the corporal tes. Agent signature requir]AI		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE NAME STREET ADDRESS	D TONNELIER, SCOTT - 19109 NW 94 AVE NUE	☐ DELFTE	1.1 TO L 1.2 NAM 1.3 STR	NE FET ADDRESS 7(A	05 NW 504 SY	Æ Ch	· —	
CITY-ST-ZIP	ALACHUA FL				aniesville Fl			
TITLE		☐ DELETE	2.1 TO L	!		☐ Ch	ange	
NAME			2.2 NAN	1				
STREET ADDRESS			1	EET ADORESS				
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NAME		otten	3.1 HH	i			enge 🔲 Apariton	
STREET ADDRESS				EFT ADDRESS				
CITY-ST-ZIP				Y - \$1 - ZIP				
TITLE		DELETE	4.1 101			☐ Ch	ange Addition	
NAME			4. 2 NA	ut			•	
STREET ADDRESS			4.3 \$ TR	EET ADDRESS				
CITY-ST-ZIP			4.4 ¢n 1	/-S1-7IP				
TITLE		DELETE	5.1 1 111	£		Ch	ange Addition	
NAME			5.2 NAM	4E				
STREET ADDRESS			5.3 \$TR	EFT ADDRESS				
CITY-ST-ZIP			5.4 CIT	7-S1-ZIP				
TITLE		DELETE	6.1 THE			☐ Ch	ange Addition	
NAME			62 NAN	AE				
STREET ADDRESS			6.3 STR	FET ADDRESS				
CITY-ST-ZIP			1	(- ST- ZIP				

14. I do 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.