

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V48605** (2)

1. Corporation Name

T.O.S. MANUFACTURING, INC.



Principal Place of Business

**5451 S BRYANT AVE
SANFORD FL 32773
US**

Mailing Address

**1432 CARRINGTON CT
WINTER SPRINGS FL 32708
US**

3. Date Incorporated or Qualified

06/29/1992

3a. Date of Last Report

06/02/1995

2. Principal Place of Business

21 142 COASTLINE RD.

Suite, Apt. #, etc.

22

City & State

23 SANFORD, FLORIDA

Zip

24 32771

Country

25 SEMINOLE

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-3134276

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

**MARLOWE, MICHAEL
1432 CARRINGTON CT
SUITE 200
WINTER PARK FL 32790**

10. Name and Address of New Registered Agent

81 Name

MARLOWE, MICHAEL

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

1031 W. MORSE BLVD.

83

SUITE 105

84 City

WINTER PARK,

FL

85 Zip Code

32789

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 date of appointment.

NOTE: Registered Agent's signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **SUAREZ, TEM O.**
STREET ADDRESS **1432 CARRINGTON CT**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **VS** ☐ DELETE
NAME **SUAREZ, JUDY**
STREET ADDRESS **1432 CARRINGTON CT**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PS**
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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(3)(k), 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:

Judy Suarez

JUDY SUAREZ

4/30/96

407-365-6356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)