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PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

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

2. Principal Place of Business

2a. Mailing Address

21 **3019 SW 27th Ave -**

26 **3019 SW 27th Ave -**

4. FEI Number
59-3094428

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 102**

27 **Suite 102**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State

City & State

23 **Ocala, FL.**

28 **Ocala, FL.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip

Country

24 **34474**

25 **USA**

Zip

Country

29 **34474**

30 **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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

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

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

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

(352) 873-3900

Date

Daytime Phone #

CR2E034 (1/1/98)