

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:01

DOCUMENT # **F93000003665 (7)**

1. Corporation Name
TUC INVESTMENTS, INC.

Principal Place of Business Mailing Address
814 LIVINGSTON COURT, SUITE E MARIETTA GA 30067

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/11/1993	3a. Date of Last Report 07/20/1994
4. FEI Number 58-2064048	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name Paul Johnson
82. Street Address (P.O. Box Number is Not Acceptable) 6020 S. Orange Blossom Trail
83. City Orlando
84. State FL
85. Zip Code 32809

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 *Paul Johnson* Center Operator, Paul Johnson 4/25/95
(By signature or printed name of registered agent and the if applicable) (NOTE: Registered Agent signature is required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME SCHROEDER, VIRGINA E
STREET ADDRESS 814 LIVINGSTON COURT, SUITE E	CITY - ST - ZIP MARIETTA GA 30067
TITLE VSTD	NAME SCHROEDER, WILLIAM C
STREET ADDRESS 814 LIVINGSTON COURT, SUITE E	CITY - ST - ZIP MARIETTA GA 30067
TITLE AS	NAME RUSNELL, DEBORAH E.
STREET ADDRESS 814 LIVINGSTON COURT, SUITE E	CITY - ST - ZIP MARIETTA GA
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

REMITTED BY MAY 1

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 110.07(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: *James W. Kelly* James W. Kelly, CFO 4/25/95 404-422-9545
(Signature and typed on printed name of signing officer or director) Date (By first name)
Deborah E. Rusnell Deborah E. Rusnell, Asst. Sec. 4/25/95