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**May 08 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F93000003665 (7)

1. Corporation Name
TUC INVESTMENTS, INC.



Principal Place of Business: **814 LIVINGSTON COURT, SUITE E MARIETTA GA 30067**
Mailing Address: **814 LIVINGSTON COURT, SUITE E MARIETTA GA 30067-8961**

3. Date Incorporated or Qualified 08/11/1993	3a. Date of Last Report 05/01/1996
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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**JOHNSON, PAUL
6020 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32809**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
85. Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997	
TITLE	PD	1.1 TITLE	T Kelly, James
NAME	SCHROEDER, VIRGINA E	1.2 NAME	Kelly, James
STREET ADDRESS	814 LIVINGSTON COURT, SUITE E	1.3 STREET ADDRESS	814 Livingston Ct. Suite E
CITY - ST - ZIP	MARIETTA GA 30067	1.4 CITY - ST - ZIP	Marietta, GA. 30067
TITLE	VSTD	2.1 TITLE	
NAME	SCHROEDER, WILLIAM C	2.2 NAME	
STREET ADDRESS	814 LIVINGSTON COURT, SUITE E	2.3 STREET ADDRESS	
CITY - ST - ZIP	MARIETTA GA 30067	2.4 CITY - ST - ZIP	
TITLE	AS	3.1 TITLE	
NAME	RUSNELL, DEBORAH E.	3.2 NAME	
STREET ADDRESS	814 LIVINGSTON COURT, SUITE E	3.3 STREET ADDRESS	
CITY - ST - ZIP	MARIETTA GA	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - 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.

SIGNATURE: _____ DATE: **4/29/97** DAYTIME PHONE: **770-427-9595**

CR2E034 (9/96)