

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 # **F94000003222 (6)**

1. Corporation Name
T-C SPECIALTIES CO.



Principal Place of Business: **P.O. BOX 192 COUDERSPORT PA 16915-0192**
Mailing Address: **P.O. BOX 192 COUDERSPORT PA 16915-0192**

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	06/20/1994		04/04/1995
4.	FBI Number	Applied For	
	23-2096759	<input type="checkbox"/> Not Applicable	
5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
	<input type="checkbox"/>		
6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
	<input type="checkbox"/>		
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**FREEMAN, JAMIE J
3060 MERCURY ROAD
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P. O. Box Number is Not Acceptable)
83	
84	City
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

Signature of Special or Limited Partner, Officer, Director, or Registered Agent (if applicable) (DATE) Registered Agent's signature required when reinstating

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, CARL G	12 NAME	
STREET ADDRESS	RT 6E	13 STREET ADDRESS	
CITY-ST-ZIP	COUDERSPORT PA	14 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, TERRY L	22 NAME	
STREET ADDRESS	WEST ST.	23 STREET ADDRESS	
CITY-ST-ZIP	COUDERSPORT PA	24 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAJOR, DANIEL C	32 NAME	
STREET ADDRESS	RR #1	33 STREET ADDRESS	
CITY-ST-ZIP	ROULETTE PA	34 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWN, BILL F	42 NAME	
STREET ADDRESS	RR #1	43 STREET ADDRESS	
CITY-ST-ZIP	ROULETTE PA	44 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, JUDITH M	52 NAME	
STREET ADDRESS	RR #1	53 STREET ADDRESS	
CITY-ST-ZIP	ROULETTE PA	54 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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. 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: *Daniel C. Major* **DANIEL C. MAJOR** 8/29/96 814-274-8060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)