

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	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30		30	

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	06/20/1994		04/04/1995
4.	FBI Number	Applied For	
	23-2096759	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		10. Name and Address of New Registered Agent	
FREEMAN, JAMIE J 3060 MERCURY ROAD JACKSONVILLE FL 32207		81	Name
		82	Street Address (P. O. Box Number is Not Acceptable)
		83	
		84	City
		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: _____ (NAME: Registered Agent's signature required when registering) DATE: _____

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-STATE-ZIP	COUDERSPORT PA	14 CITY-STATE-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-STATE-ZIP	COUDERSPORT PA	24 CITY-STATE-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-STATE-ZIP	ROULETTE PA	34 CITY-STATE-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-STATE-ZIP	ROULETTE PA	44 CITY-STATE-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-STATE-ZIP	ROULETTE PA	54 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-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 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: *Daniel C. Major* DANIEL C. MAJOR 3/29/96 814-274-8060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)