

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1999.
AMOUNT DUE ON OR BEFORE 8/9/99: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL -7 AM 9:18

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **J31507 (3)**

1. Corporation Name
TLC OF TAMPA BAY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
C/O JOEL D. BRONDA 605 - 75TH AVENUE ST PETERSBURG BEACH FL 33706-1835

3. Date Incorporated or Qualified **09/04/1986** 3a. Date of Last Report **12/22/1994**

2. Principal Place of Business 2a. Mailing Address
 21 **217 BAYSHORE DR.** 26 **P.O. Box 2706**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **HENDERSONVILLE, TN** 27 **HENDERSONVILLE, TN**
 City & State City & State
 24 **37075** 25 **USA** 29 **37077** 30 **USA**
 Zip Country Zip Country

4. FEI Number **59-2717453** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. This corporation has liability for intangible tax under s. 109.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BRONDA, JOEL D
605 - 75TH AVENUE
ST PETERSBURG BEACH FL 33706-1835

10. Name and Address of New Registered Agent
 01 Name
 02 Street Address (P.O. Box Number is Not Acceptable)
 03
 04 City **FL** 05 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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------------|
| TITLE | DP |
| NAME | CRUSE, RONALD |
| STREET ADDRESS | 217 BAY SHORE DR. |
| CITY - ST - ZIP | HENDERSONVILLE TN |
| TITLE | D |
| NAME | ALEXANDER, DAVID |
| STREET ADDRESS | 217 BAY SHORE DR. |
| CITY - ST - ZIP | HENDERSONVILLE TN |
| TITLE | DST |
| NAME | CRUSE, CYNTHIA L. |
| STREET ADDRESS | 217 BAY SHORE DR. |
| CITY - ST - ZIP | HENDERSONVILLE TN |
| 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 | |

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: Cynthia L. Cruse, DST - Cynthia L. CRUSE 6-27-95 615-822-9224
SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR Date Expiration (None)

CR2E034 (3/95)