

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 9: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K64351

(5)

1. Corporation Name

T O C MANAGEMENT, INC.

Principal Place of Business

% GERADO MENDEZ, JR.  
2471 JENNIFER HOPE BLVD.  
LONGWOOD FL 32779

Mailing Address

% GERADO MENDEZ, JR.  
2471 JENNIFER HOPE BLVD.  
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                     |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>02/09/1989                                                                                                     | 3a. Date of Last Report<br>05/01/1994 |
| 4. FEI Number<br>59-2930664                                                                                                                         | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                        | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                               | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input 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                             | 30                     |

9. Name and Address of Current Registered Agent

MENDEZ, GERADO, JR.  
2471 JENNIFER HOPE BLVD.  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

|                                                       |
|-------------------------------------------------------|
| 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

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required after re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | DP                  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MENDEZ, GERADO, JR. | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2471 JENNIFER BLVD. | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY ST ZIP                | LONGWOOD FL         | 1.4 CITY ST ZIP                                       |                                                                   |
| TITLE                      | TS                  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RUSSELL, HELEN T    | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 229 E RIDGEWOOD     | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY ST ZIP                | ALTAMONTE SPRGS FL  | 2.4 CITY ST ZIP                                       |                                                                   |
| TITLE                      | V                   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MENDEZ, CHRISTOPHER | 3.2 NAME                                              | Delete                                                            |
| STREET ADDRESS             | 350 GEORGETOWN DR   | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY ST ZIP                | CASSELBERRY FL      | 3.4 CITY ST ZIP                                       |                                                                   |
| TITLE                      | V                   | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VALENTIN, ELISA     | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 213 E ALPINE ST     | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY ST ZIP                | ALTAMONTE SPRGS FL  | 4.4 CITY ST ZIP                                       |                                                                   |
| TITLE                      |                     | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                     | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY ST ZIP                |                     | 5.4 CITY ST ZIP                                       |                                                                   |
| TITLE                      |                     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE

(Typed or printed name of signing officer or director)

4/24/95

(Typed Name)