FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # K64351**

(5)

T O C MANAGEMENT, INC. Mailing Address Principal Place of Business % GERADO MENDEZ. JR % GERADO MENDEZ, JR. 2471 JENNIFER HOPE BLVD. 2471 JENNIFER HOPE BLVD. LONGWOOD FL 32779-4725 LONGWOOD FL 32779 3. Date Incorporated or Qualified 3a. Date of Last Report 02/09/1989 2. Principal Place of Business 2s. Mailing Address FEI Number Applied For 21 59-2930664 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MENDEZ, GERARDO, JR. 2471 JENNIFER HOPE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32779 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6)TITLE DP DELETE 1.1 TITLE ☐ Change Addition MENDEZ, GERADO, JR. 1.2 NAME NAME 2471 JENNIFER BLVD. 1.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL Crty-St-ZiP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE RUSSELL, HELEN T 2.2 NAME NAME 229 E RIDGEWOOD STREET ADDRESS 2.3 STREET ADORESS ALTAMONTE SPGS FL 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TOLE 3.1 TITLE VALENTIN, ELISA 3.2 NAME NAME 213 E ALPINE ST STREET ADDRESS 3.3 STREET ADDRESS ALTAMONTE SPRGS FL CITY-ST-76 34. CITY-ST-ZIP DELETE Change Addition 1006 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CITY- \$1-2IP DELETE Addition Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STHEET ADDRESS

6.4 CITY-ST-ZIP

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

14. To 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

SIGNATURE

Lam an officer or director of the appears in Block 12 or Block

FILED

May 07 1997 8:00am

Secretary of State