

**ANNUAL REPORT
1995**

Division of Corporations
Secretary of State

FILED

95 MAY -1 PM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L44147

(1)

1. Corporation Name:

T L C SERVICE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
C/O DAVID MARSHALL P O BOX 1413 NOKOMIS FL 34274		C/O DAVID MARSHALL P O BOX 1413 NOKOMIS FL 34274	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	01/18/1990	05/01/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Fed Number	Applied For
22	27	65-0192195	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	☐	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	☐
24	25	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☐ No
26	27		

9. Name and Address of Current Registered Agent

**MARSHALL, DAVID
1707 SPOONBILL DR
NOKOMIS FL 34275**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, DAVID	1.2 NAME	
STREET ADDRESS	1707 SPOONBILL DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	NOKOMIS FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Marshall

4/16/95 813-484-2773