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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 194 000 46735

TCD, INC.

Principal Place of Business

Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90073 021 ***150.00 05-13-1999 90024 002 ***150.00

1625 Metropolitan Circle						DO NOT WRITE IN THE	IC CDACE	
Tallahassee, Florida 32308						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						6-23-94		
L=			a. Mailing Address			4. FEI Number	├	Applied For
21			6			59-3247764		lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State			City & State			6. Election Campaign Financing	\$5.00	May Be
232			<u></u>			Trust Fund Contribution	Added	to Fees
Zip	Country Zip			Country	/	8. This corporation owes the current year I	<u></u>	_
24	25 29 3			<u>) </u>		Personal Property Tax.	Yes	⊠No
	9. Name and Address of (Current Register	red Agent			10. Name and Address of New Registere	d Agent	
				81	Name			
Albert C. Penson				82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
Penson & Padgett, P.A.								
2810 Remington Green Circle								
Tallahassee, Florida 32308				_	-		[05] 7is	Cada
larianassee, Fiorica 32300				84	City	F	L 85 Zip	Code
11 Pursuant I	to the provisions of Sections 60	07.0502 and 607	.1508, Florida Statutes.	the abov	e-named co	rnoration submits this statement for the purpose	of changing if	ts registered
office or re	egistered agent, or both, in the	State of Florida.	Such change was auth	orized by	the corpora	ation's board of directors. I hereby accept the app	ointment as r	registered
agent. I ar	n familiar with, and accept the	obligations of, S	ection 607.0505, Florid	a Statute:	ý.			j
SIGNATURE	Signature, typed or printed name of registe	ared agent and little if an	NOTE: Re	rustered Ana	nt signature regu	ulred when reinstating) DATE		\
12.	·	RS AND DIRECT		13.	nt olgridatio requ	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECT	ORS IN 12
TITLE	D/P/V/S/T		☐ DELETE	1.1 TITLE	$\neg \neg$		☐ Change	Addition
NAME		c/o Pens	son & Padgeti	12NAME	Α.			
1	Andrea Avanzini c/o Penson & Padget 2810 Remington Green Circle			TADORESS			,	
STREET ADDRESS							}	
CITY-ST-ZIP	Tallahassee, Florida 32308		2.1 TITLE	11-217		Change	Addition	
TITLE			C DELCTS	2.2 NAME				
NAME				1				
STREET ADDRESS	· ·				TADORESS			ļ
CITY-ST-ZIP	☐ DELETE		2.4 CITY-	ST-ZIP		☐ Change	Addition	
TITLE			☐ DELETE	3.1 TITLE	}		☐ Change	L Addition
NAME				32 NAME	l			
STREET ADDRESS				33STREE	TADDRESS			
CITY-ST-ZIP				3.4. CITY-:	ST-ZIP			- Addition
TITLE			☐ DELETE	4.1 TITLE	İ		Change	Addition
NAME				4. 2 NAME)
STREET ADDRESS				4.3 STREE	TADDRESS			1
CITY-ST-ZIP				4.4 CITY-5	T-ZIP			
TITLE			☐ DELETE	51TITLE	ĺ		Change	: Addition
NAME				5.2 NAME	-			
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				54 CITY-S	T-ZIP			
TITLE	·		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME				6.2 NAME				ļ
STREET ADDRESS				63STREE	T ADDRESS			}
CITY-ST-ZIP				6.4 CITY-S				1
14. I hereby c	ertify that the information supp	lied with this filing	does not qualify for th	e exemp	ion stated in	Section 119.07(3)(i), Florida Statutes. I further o	ertify 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, with all other like empowered.

SIGNATURE:

Andrea

RELAND TYPED OR PRIVILE NAME OF SIGNING OFFICER OR DIRECTOR

011-39-70 452 1014