

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 124447 (4)

1. Corporation Name
TODD INVESTMENT COMPANY, INC.



Principal Place of Business
809 MONACO DR
TAMPA FL 33613

Mailing Address
809 MONACO DR
TAMPA FL 33613

3. Date Incorporated or Qualified 04/29/1931	3a. Date of Last Report 03/31/1995
4. FEI Number 59-0483220	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

EDNA RUTISHAUSER OR LOIS MEADOWS
809 MONACO DR.
TAMPA FL 33613

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 607.1506, 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 in printed name of the person making the change. (Printed name of the person making the change must be typed in the space provided.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
	LOIS MEADOWS	809 MONACO DR.	TAMPA FL	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
	EDNA RUTISHAUSER	809 MONACO DR	TAMPA FL	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	☐ Change ☐ Addition
2. TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	☐ Change ☐ Addition
3. TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	☐ Change ☐ Addition
4. TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	☐ Change ☐ Addition
5. TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	☐ Change ☐ Addition
6. TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	☐ Change ☐ Addition

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)(g), 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

6/19/96

813-962-7794