

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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90129 030 \*\*\*150.00

DOCUMENT # 487411

1. Corporation Name  
T SQUARED, INC.

Principal Place of Business  
6740 EPPING FOREST WAY N  
P O BOX 5370  
JACKSONVILLE FL 32247-5370

Mailing Address  
6740 EPPING FOREST WAY N  
P O BOX 5370  
JACKSONVILLE FL 32247-5370

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/08/1975

4. FEI Number  
59-1704848

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 3855 St Johns Ave  
23 JACKSONVILLE FL  
24 32205 25 DUYAL  
26 Suite, Apt. #, etc.  
27 3855 St Johns Ave  
28 JACKSONVILLE FL  
29 32205 30 DUYAL

9. Name and Address of Current Registered Agent

CRENSHAW, MCCARTHY, JR.  
3855 ST JOHNS AVE  
JACKSONVILLE FL 32205

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
SD	CRENSHAW, MCCARTHY, JR.	3855 ST. JOHNS AVENUE	JACKSONVILLE FL 32205	<input type="checkbox"/>
D	CRENSHAW, CONSTANCE T.	3855 ST. JOHNS AVENUE	JACKSONVILLE FL 32205	<input type="checkbox"/>
PD	TAYLOR, JAMES WINSOR	6740 EPPING FOREST WAY, NORTH, #101	JACKSONVILLE FL 32217	<input checked="" type="checkbox"/>
D	HARRIS, SUSAN T	101 RICHARD LANE	BLACK MOUNTAIN NC 28711	<input type="checkbox"/>
D	SOMERVILLE, MARY T	5415 YOLANDA LANE	DALLAS TX 75229	<input type="checkbox"/>
D	TAYLOR, J. W. JR.	P.O. BOX 95 N/A	MONTREAT NC 28757	<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input checked="" type="checkbox"/>

P.D.  
TAYLOR, J.W. JR.  
386 OKLAHOMA - PO BOX 95  
MONTREAT N.C. 28757

14. I 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-99 828669-2682

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