

# 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 # **632389** (3)

1. Corporation Name

**TFC REALTY OF INDIANA, INC.**



Principal Place of Business

Mailing Address

2800 CANTRELL RD.  
PO BOX 3375  
LITTLE ROCK AR 72203

2800 CANTRELL RD.  
PO BOX 3375  
LITTLE ROCK AR 72203

2. Principal Place of Business

2a. Mailing Address

State, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AYCOCK, LYNDIA R**  
**1 INDEPENDENT DRIVE**  
**3000 INDEPENDENT DRIVE**  
**JACKSONVILLE FL 32202**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DUMENY, MARCEL J.	
STREET ADDRESS	2800 CANTRELL RD.	
CITY-STATE-ZIP	LITTLE ROCK AR	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOWETH, ROBERT W.	
STREET ADDRESS	2800 CANTRELL RD.	
CITY-STATE-ZIP	LITTLE ROCK AR	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	MCCONNELL, JACK	
STREET ADDRESS	2800 CANTRELL RD.	
CITY-STATE-ZIP	LITTLE ROCK AR	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BENNETT, BILL	
STREET ADDRESS	2800 CANTRELL RD.	
CITY-STATE-ZIP	LITTLE ROCK AR	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	GUNTER, JOE T.	
STREET ADDRESS	2800 CANTRELL RD	
CITY-STATE-ZIP	LITTLE ROCK AR	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

*William J. Bennett*

Date:

Daytime Phone #

(501) 664-6000

CR2E034 (12/95)