

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
2800 CANTRELL RD.
PO BOX 3375
LITTLE ROCK AR 72203

Mailing Address
2800 CANTRELL RD.
PO BOX 3375
LITTLE ROCK AR 72203-3375

3. Date Incorporated or Qualified 06/09/1979
3a. Date of Last Report 02/26/1996

2. Principal Place of Business
21 11001 Executive Center Dr
Suite, Apt. #, etc.
22

2a. Mailing Address
26 11001 Executive Center Dr.
Suite, Apt. #, etc.
27

4. FEI Number 59-1964683
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State Little Rock, Arkansas
Zip 72211 Country USA

28 City & State Little Rock, Arkansas
Zip 72211 Country USA

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

9. Name and Address of Current Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11001 Executive Center Drive
1.4 CITY-ST-ZIP	Little Rock, Arkansas 72211
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11001 Executive Center Drive
2.4 CITY-ST-ZIP	Little Rock, Arkansas 72211
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	11001 Executive Center Drive
3.4 CITY-ST-ZIP	Little Rock, Arkansas 72211
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	11001 Executive Center Drive
4.4 CITY-ST-ZIP	Little Rock, Arkansas 72211
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	11001 Executive Center Drive
5.4 CITY-ST-ZIP	Little Rock, Arkansas 72211
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)