

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 738361 (5)

1. Corporation Name

T.C.A., INC.



Principal Place of Business

Mailing Address

1102 HAYS ST.
TALLAHASSEE FL 32301
US

1102 HAYS ST.
TALLAHASSEE FL 32301
US

3. Date Incorporated or Qualified
03/15/1977

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1804209

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RYE, HENRY J
1102 HAYES ST.
TALLAHASSEE FL 32301

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-4-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME ① TD
STREET ADDRESS RYE, HANK
CITY - ST - ZIP 1102 HAYES
TALLAHASSEE FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE ☒ DELETE
NAME PD
STREET ADDRESS MOTLEY, DAVID
CITY - ST - ZIP 2102 N. ASHLEY ST.
VALDOSTA GA

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE ☒ DELETE
NAME SD
STREET ADDRESS CARUSO, GENE
CITY - ST - ZIP 1206 N. SLAPPEY BLVD.
ALBANY GA

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE ☐ DELETE
NAME Cecil Sandifer (D)
STREET ADDRESS 207 S. PENN
CITY - ST - ZIP Marianna FL 32246

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE
NAME Ralph Fabozzi (D)
STREET ADDRESS 3017 Golden Eagle Dr
CITY - ST - ZIP Tallahassee FL 32312

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE
NAME Treasurer
STREET ADDRESS Henry J Rye
CITY - ST - ZIP 1102 HAYS ST
Tallahassee FL 32301

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - 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 617, 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

5/20/96

904 224-4703

CS 6/10/96

CR2E037 (12/95)