

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: 1102 HAYS ST. TALLAHASSEE FL 32301 US
Mailing Address: 1102 HAYS ST. TALLAHASSEE FL 32301 US

3. Date Incorporated or Qualified: 03/15/1977
3a. Date of Last Report: 01/20/1995
4. FEI Number: 59-1804209
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: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent: RYE, HENRY J 1102 HAYES ST. TALLAHASSEE FL 32301
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 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: *Henry J Rye* DATE: 6-4-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	RYE, HANK 1102 HAYES TALLAHASSEE FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RYE, HANK		12 NAME	
STREET ADDRESS: 1102 HAYES		13 STREET ADDRESS	
CITY-ST-ZIP: TALLAHASSEE FL	<input type="checkbox"/> DELETE	14 CITY-ST-ZIP	
TITLE: PD	MOTLEY, DAVID 2102 N. ASHLEY ST. VALDOSTA GA	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MOTLEY, DAVID		22 NAME	
STREET ADDRESS: 2102 N. ASHLEY ST.	<input checked="" type="checkbox"/> DELETE	23 STREET ADDRESS	
CITY-ST-ZIP: VALDOSTA GA		24 CITY-ST-ZIP	
TITLE: SD	CARUSO, GENE 1206 N. SLAPPEY BLVD. ALBANY GA	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CARUSO, GENE		32 NAME	
STREET ADDRESS: 1206 N. SLAPPEY BLVD.	<input checked="" type="checkbox"/> DELETE	33 STREET ADDRESS	
CITY-ST-ZIP: ALBANY GA		34 CITY-ST-ZIP	
TITLE: (D)	CECIL SANDIFER (D) 207 S. PENN MARIANNA FL 32246	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CECIL SANDIFER (D)		42 NAME	
STREET ADDRESS: 207 S. PENN	<input type="checkbox"/> DELETE	43 STREET ADDRESS	
CITY-ST-ZIP: MARIANNA FL 32246		44 CITY-ST-ZIP	
TITLE: (D)	RALPH FABOZZI (D) 3017 Golden Eagle Dr Tallahassee FL 32312	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RALPH FABOZZI (D)		52 NAME	
STREET ADDRESS: 3017 Golden Eagle Dr	<input type="checkbox"/> DELETE	53 STREET ADDRESS	
CITY-ST-ZIP: TALLAHASSEE FL 32312		54 CITY-ST-ZIP	
TITLE: Treasurer	HENRY J RYE 1102 HAYS ST Tallahassee FL 32301	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HENRY J RYE		62 NAME	
STREET ADDRESS: 1102 HAYS ST	<input type="checkbox"/> DELETE	63 STREET ADDRESS	500001869685
CITY-ST-ZIP: TALLAHASSEE FL 32301		64 CITY-ST-ZIP	-06/20/96--01044--054 ***61.25

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: *Henry J Rye* DATE: 5/20/96 DAYTIME PHONE: 904 224 4703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)