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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-1804209

Applied For

Not Applicable

2. Principal Place of Business

21 1102 HAYS ST

2a. Mailing Address

26 TALLAHASSEE FL 32301

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

23 City & State

23 TALLAHASSEE FL

27 Suite, Apt. #, etc.

27

24 Zip

24 32301

25 Country

25 USA

29 Zip

29

30 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

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

(NOTE: Registered Agent signature required when changing)

DATE

1-5-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TD
STREET ADDRESS RYE, HANK
CITY-ST-ZIP 1102 HAYES
TALLAHASSEE FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS SANDIFER, CECIL
CITY-ST-ZIP 207 S. PENN
MARIANNA FL 32246

TITLE ☐ DELETE

NAME D
STREET ADDRESS FABOZZI, RALPH
CITY-ST-ZIP 3017 GOLDEN EAGLE DR
TALLAHASSEE FL 32312

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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

1-5-98

850 224 4703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # (optional)

CR2E037 (10/97)