


FILED
Feb 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738361

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
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 569930 - 90019 - 34



2. Principal Place of Business 21 648 Florida Ave Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Panama City FL 32402 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 03/15/1977	4. FEI Number 59-1804209 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 TIM JOHNSTONE 82 Street Address (P.O. Box Number is Not Acceptable) 648 Florida Av 83 32401 84 City Panama City FL 85 Zip Code 32402
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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 Rye **Treasurer** DATE **1-5-99**
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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RYE, HANK		1.2 NAME TIM JOHNSTONE	
STREET ADDRESS 1102 HAYES		1.3 STREET ADDRESS 648 Florida Av	
CITY-ST-ZIP TALLAHASSEE FL		1.4 CITY-ST-ZIP Panama City FL 32402	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANDIFER, CECIL		2.2 NAME	
STREET ADDRESS 207 S. PENN		2.3 STREET ADDRESS	
CITY-ST-ZIP MARIANNA FL 32246		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FABOZZI, RALPH		3.2 NAME	
STREET ADDRESS 3017 GOLDEN EAGLE DR		3.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32312		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MIKE EDDY		4.2 NAME	
STREET ADDRESS P.O. Box 431		4.3 STREET ADDRESS	
CITY-ST-ZIP BLOUNTSTOWN, FL 32424		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature of Henry Rye **Henry Rye** DATE **1-5-99** DAYTIME PHONE # **850 2244703**
Signature and typed or printed name of signing officer or director

CR2E037 (1/198)