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FILED
May 14 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 # **F38297** **(0)**

1. Corporation Name
TAVISTOCK CORPORATION

Principal Place of Business	Mailing Address
~~6355 METROWEST BLVD~~ ~~445~~ ~~ORLANDO FL 32835~~ ~~US~~	200 S ORANGE AVE 2300 ~~ORLANDO FL 32801-3432~~ US

2. Principal Place of Business 21 9701 Chestnut Ridge Dr. Suite, Apt. #, etc. 22 City & State 23 Windermere, FL Zip 24 34786 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip 29 32801-3432 Country 30

3. Date Incorporated or Qualified 07/24/1981	3a. Date of Last Report 04/26/1996
4. FEI Number 59-2117458	☐ Applied For ☐ Not Applicable
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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AGC CO 200 S ORANGE AVE SUITE 2300 ORLANDO FL 32801	B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City **FL** B5 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 _____ DATE
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	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	THAKKAR RASESH		1.2 NAME		
STREET ADDRESS	6355 METROWEST BLVD STE 445		1.3 STREET ADDRESS	9701 Chestnut Ridge Dr.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Windermere, FL 34786	
TITLE	VTD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	VOSS JEFFERSON R		2.2 NAME		
STREET ADDRESS	6355 METROWEST BLVD STE 445		2.3 STREET ADDRESS	9701 Chestnut Ridge Dr.	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Windermere, FL 34786	
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SILVERTON VIVIENNE		3.2 NAME		
STREET ADDRESS	6355 METROWEST BLVD STE 445		3.3 STREET ADDRESS	9701 Chestnut Ridge Dr.	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Windermere, FL 34786	
TITLE	V	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	LEWIS, CHARLES B		4.2 NAME		
STREET ADDRESS	6355 METROWEST BLVD., STE. 445		4.3 STREET ADDRESS	9701 Chestnut Ridge Dr.	
CITY-ST-ZIP	ORLANDO FL 32835		4.4 CITY-ST-ZIP	Windermere, FL 34786	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME			5.2 NAME	Mangum, Chris	
STREET ADDRESS			5.3 STREET ADDRESS	9701 Chestnut Ridge Dr.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Windermere, FL 34786	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ 4-1-97 407-874-8860