

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

9701 CHESTNUT RIDGE  
445  
WINDERMERE FL 34786  
US

Mailing Address

200 S ORANGE AVE  
2300  
ORLANDO FL 32801-3432  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1981

4. FEI Number

59-2117458

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

AGC CO  
200 S ORANGE AVE  
SUITE 2300  
ORLANDO FL 32801

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 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

Signature, typed or printed name of registrant and state title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> DELETE |
| NAME           | THAKKAR RASESH         |                                 |
| STREET ADDRESS | 9701 CHESTNUT RIDGE DR |                                 |
| CITY- ST- ZIP  | WINDERMERE FL          |                                 |
| TITLE          | VTD                    | <input type="checkbox"/> DELETE |
| NAME           | VOSS JEFFERSON R       |                                 |
| STREET ADDRESS | 9701 CHESTNUT RIDGE DR |                                 |
| CITY- ST- ZIP  | WINDERMERE FL          |                                 |
| TITLE          | SD                     | <input type="checkbox"/> DELETE |
| NAME           | SILVERTON VIVENNE      |                                 |
| STREET ADDRESS | 9701 CHESTNUT RIDGE DR |                                 |
| CITY- ST- ZIP  | WINDERMERE FL          |                                 |
| TITLE          | V                      | <input type="checkbox"/> DELETE |
| NAME           | LEWIS, CHARLES B       |                                 |
| STREET ADDRESS | 9701 CHESTNUT RIDGE DR |                                 |
| CITY- ST- ZIP  | WINDERMERE FL          |                                 |
| TITLE          | V                      | <input type="checkbox"/> DELETE |
| NAME           | MAGUM, CHRIS           |                                 |
| STREET ADDRESS | 9701 CHESTNUT RIDGE DR |                                 |
| CITY- ST- ZIP  | WINDERMERE FL          |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY- ST- ZIP  |                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                              |
|-------------------|------------------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME           |                                                                              |
| 13 STREET ADDRESS |                                                                              |
| 14 CITY- ST- ZIP  |                                                                              |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |                                                                              |
| 23 STREET ADDRESS |                                                                              |
| 24 CITY- ST- ZIP  |                                                                              |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |                                                                              |
| 33 STREET ADDRESS |                                                                              |
| 34 CITY- ST- ZIP  |                                                                              |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                                                                              |
| 43 STREET ADDRESS |                                                                              |
| 44 CITY- ST- ZIP  |                                                                              |
| 51 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           | V                                                                            |
| 53 STREET ADDRESS | Mangum, Christopher                                                          |
| 54 CITY- ST- ZIP  | 9701 Chestnut Ridge Dr                                                       |
| 61 TITLE          | Windermere, FL 34786                                                         |
| 62 NAME           |                                                                              |
| 63 STREET ADDRESS |                                                                              |
| 64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Vivienne Silvertson

11/3/98

976 8800

CR2E034 (10/97)