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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F65861

T.L.C. RECREATION CENTER, INC.

(9)

FILED Apr 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1841 BIBIT 1881	
502 SCHNEIDE		1323 GREEN ACRES AVE. FT WALTON BEACH FL 32547			DO NOT WRITE IN THIS SPACE	
					Date Incorporated or Qualified 02/03/1982	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			59-2186490	Not Applicable
Suite, Apt. (#, etc.	Suite, Apt. #, etc.			1 & Contitional of Status Desired 1 1	Additional
22		City & Charles			Feel	Required
City & State	•	City & State				O May Be
23 Zip	Country	Zip Country			This corporation owes or has paid the current year limits to the curre	
24	25				Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
MCWATERS, DARA			8	81 Namo		
	SCHNEIDER DRIVE	82 Street A		2 Street	Address (P.O. Box Number is Not Acceptable)	
FI	WALTON BEACH FL		8	3		····
			8	4 City	FL	p Code
11. Pursuant to	o the provisions of Sections 607 0502	and 607.1508, Florida State	ules, the abo	ve-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. Lam families with, and accept the obligations of, Section 607.0505, Florida Statutoc.						
SIGNATURE ADDIES MA DE DAM DESARVELLA NY					Mysters Cy 14.	1991
				gent signature	required when reinstating) /DATE	200 111 40
TITLE	OFFICERS AND	DELETE DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
NAME	DOBSON, DARA MCWAT(JÉRS	<i>7</i>			C Ontarigo	, <u>, , , , , , , , , , , , , , , , , , </u>
STREET ADDRESS	1323 GREEN ACRES AVE.	•	1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	FT WALTON BCH, FL 00000		1.4 CITY			
TITLE	VP DELETE		2.1 TOLE		☐ Change	e Addition
NAME	DOBSON, LLOYD STANLEY		2.2 NAM	£		
STREET ADDRESS	1323 GREEN ACRES AVE		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	FT. WALTON BCH FL		2. 4 CITY-S1-7		Change	a Addition
TITLE		[_] DFLETE	3.1 TITLE		☐ Change	e Addition
NAME STREET ADDRESS			3.2 NAMI	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		DECETE	4.1 TIDLE		☐ Change	e Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	- ST - 7IP		
TITLE		L DELETE	5.1 TITE		L_J Change	e Addition
NAME			5.2 NAMI			
STREET ADDRESS				FT ADDRESS		
CITY-ST-ZIP TITLE		DELFTE	5.4 CITY- 6.1 TITLE		Change	e Addition
NAME		<u></u>	6.2 NAMI		Olivings	
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY			
14. I hereby o	ortify that the information supplied wit	h this filing does not qualify	for the exem	ption state	d in Section 119.07(3)(i), Fiorida Statules. I further certify that if nature shall have the same legal effect as if made under oath; t	he information
officer or c	director of the corporation or the receipt Block 13 if changed, or on an attac	iver or trustee empowered to	o execute this	s report as	required by Chapter 607, Florida Statutes; and that my name a	appears in