PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90141 025 ***150.00

DOCUME	NT #	F6586	31
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1. Corporation Name

T.L.C. RECREATION CENTER, INC.

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Principal Place	e of Business	Mailing Address /	7	יסג	() ·		1 1801188 111	0 01/6/ 0/10/ (0/20)	01191 1101 01011 A1	DI! 0:011 01011 0	11811 61811 1861
502 SCHNEIDE	R DR	1323 GREEN ACRES AVE	(-)	-1	1	- 1					
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		, , 611				3	B. Date Incorpora		j		J
							02/03/1982				
•	ace of Business	2a. Mailing Address	dont	1	92.	4	. FEI Number	_		-	plied For
	6 HWY 192	26 2565 (0	<u>HWY</u>		<u> </u>		<u>: 59-218649(</u>	<u>) </u>			t Applicable
Suite, Apt.	#, etc. /	Suite, Apt. #, etc.	_			5	Certificate of S	tatus Desired	٥	\$8.75 A Fee Re	
City & Stat	INJAK SPRINGS FL	City & State City & State FUNI	AK S	SPR	21N6.	S, F2.	 Election Camp Trust Fund Co 		'	\$5.00 Added t	
Zip 324	Country 25	^{Zip} 32433	Coun	try		8	I. This corporation Personal Prop		rrent year Inta	ngible Ves	□No
	9. Name and Address of Current		1991			10). Name and Ad	-	Registered /	Agent	
			- 1	B1	Name						
MCV	vaters, dara 🛮 🤣 💆		L						<u> </u>		
	SGHNEIDER DRIVE 2365	CO HWY 192		82	Street A	Address (P.O. Box Numbe	er is Not Accep	table)	•	
-FT-\	VALTON BEACH FL DEFU	NTAK SPRINGS 3243	>	83				2 4	per es		
		3240	7	84	City		***************************************		E1	85 Zip (Code
						47			<u> </u>	abanging ita	registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	f Florida. Such change was .	authorized :	bv th	named o ne corpo	corporation s b	on submits this stooms of directors	tatement for the	e purpose or oppoir	changing its itment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Fl	orida Statut	es.	•			•			
SIGNATURE	A VIMA V V I	Waters O	LODE	\mathcal{O}	<u> </u>						
	Signature, typed or printed name of registered agent		E: Registered A	lgent s	signature re	quired when	ADDITIONS/CH	IANGES TO O	DATE EFICEDS AN	D DIRECTO	RS IN 12
12.	OFFICERS AND	DELETE	1.1 TITL	_	- $$		ADDITIONS	IAITOLO TO O	THOENO / III	Change	Addition
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NAME	DOBSON, DARA MCWATLERS	26G CO HWY 192	12 NAM		DODCCC	_	-		1100		•
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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 of the corporation of 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 of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-99

850-859-0091

Daytime Phone

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