SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:22

DOCUMENT # F93000003541 (0)

1. Corporation Name

T C TRADING COMPANY LTD.

Principal Place of Business	Mailing Address
LEEWARD HIGHWAY PROVIDENCIALES TU BWI US	1340-7A STIRLING ROAD DANIA FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1993
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business [21] — 2a. Mailing Address [26]
Suite, Apt. #, etc [22] — Suite, Apt. #, etc [27]
City & State [23] — City & State [28]
Zip [24] Country [25] — Zip [29] Country [30]

4. FEI Number: 65-1534710 ☐ 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

DAVISSON, WILLIAM K
1340-7A STIRLING ROAD
DANIA FL 33004

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 ____

12. OFFICERS AND DIRECTORS

TITLE	CP
NAME	HUMPHREYS, HERBERT
STREET ADDRESS	5100 POPLAR AVE. SUITE 2219
CITY ST ZIP	MEMPHIS TN 38137
TITLE	VCTS
NAME	MURPHEY, MURRAY
STREET ADDRESS	5100 POPLAR AVE. SUITE 2219
CITY ST ZIP	MEMPHIS TN 38137
TITLE	DVP
NAME	DAVISSON, WILLIAM
STREET ADDRESS	782 N.W. 42 WAY
CITY ST ZIP	DEERFIELD BEACH FL 33442
TITLE	D
NAME	SEELEY, ARTHUR E
STREET ADDRESS	LEEWALD HIGHWAY
CITY ST ZIP	PROVIDENCIALES TURKS CAICOS
TITLE	S
NAME	OWEN, D. GLYNNE
STREET ADDRESS	5100 POPLAR AVE. SUITE 2217
CITY ST ZIP	MEMPHIS TN 38137
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change	☐ Addition
1 2 NAME			
1 3 STREET ADDRESS			
1 4 CITY ST ZIP			
2 1 TITLE		☐ Change	☐ Addition
2 2 NAME			
2 3 STREET ADDRESS			
2 4 CITY ST ZIP			
3 1 TITLE		☐ Change	☐ Addition
3 2 NAME			
3 3 STREET ADDRESS			
3 4 CITY ST ZIP			
4 1 TITLE		☐ Change	☐ Addition
4 2 NAME			
4 3 STREET ADDRESS			
4 4 CITY ST ZIP			
5 1 TITLE		☐ Change	☐ Addition
5 2 NAME			
5 3 STREET ADDRESS			
5 4 CITY ST ZIP			
6 1 TITLE		☐ Change	☐ Addition
6 2 NAME			
6 3 STREET ADDRESS			
6 4 CITY ST ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 6/27/95 (901) 763-4752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (3/95)

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