

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000002023 (9)

1. Corporation Name

TCR W. FLA. APTS. III, INC.



Principal Place of Business

541 S ORLANDO AVE
STE 210
MAITLAND FL 32751
US

Mailing Address

541 S ORLANDO AVE
STE 210
MAITLAND FL 32751
US

3. Date Incorporated or Qualified
04/19/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

75-2534522

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

HOEKSEMA, DOUGLAS A.
541 S ORLANDO AVE
STE 210
MAITLAND FL 32751

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DURKIN JR, WARREN J
STREET ADDRESS 808 ISLAND WALK DR.
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE VD
NAME TERWILLIGER, J R
STREET ADDRESS 2859 PACES FERRY ROAD, STE 1400
CITY-ST-ZIP ATLANTA GA

☐ DELETE

TITLE V
NAME HOEKSEMA, DOUGLAS A.
STREET ADDRESS 541 S ORLANDO AVE #210
CITY-ST-ZIP MAITLAND FL

☐ DELETE

TITLE VAS
NAME BREINING, CLIFFORD A
STREET ADDRESS 6552 VIA DOS VALLES
CITY-ST-ZIP RANCHO SANTE FE CA

☐ DELETE

TITLE V
NAME CROW, HARLAN R
STREET ADDRESS 541 S ORLANDO AVE #210
CITY-ST-ZIP MAITLAND FL

☐ DELETE

TITLE VTS
NAME PACE, RANDY J
STREET ADDRESS 717 N. HARWOOD, STE 1200
CITY-ST-ZIP DALLAS TX

☐ DELETE

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

300001822189

-05/15/96--01045--001

***1400.00

☐ Change ☐ Addition

☐ Change ☐ Addition

4/26/96
54-96

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)