

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 # F94000002750 (7)

1. Corporation Name

TFC OPERATOR SERVICES, INC.



Principal Place of Business

700 S. WEST ST
SUITE 200
JACKSON MS 39201

Mailing Address

700 S. WEST ST
SUITE 200
JACKSON MS 39201

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 22923**

26 **P.O. Box 22923**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Jackson, MS**

28 **Jackson, MS**

Zip Country

Zip Country

24 **39225**

25

29 **39225**

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/25/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

87-0467394

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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | CV | <input type="checkbox"/> DELETE |
| NAME | FRANK, WALTER J JR | |
| STREET ADDRESS | 1309 LOUISVILLE AVE | |
| CITY-STATE-ZIP | MONROE LA | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | FAIL, JOSEPH D | |
| STREET ADDRESS | 27 S. 2ND ST | |
| CITY-STATE-ZIP | BAY SPRINGS MS | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BAKER, ROBERT A | |
| STREET ADDRESS | 545 FIGUEROA, SUITE 1234 | |
| CITY-STATE-ZIP | LOS ANGELES CA | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | SMITHER, ELMER JR | |
| STREET ADDRESS | 700 SOUTH WEST, SUITE 200 | |
| CITY-STATE-ZIP | JACKSON MS | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-STATE-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-STATE-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-STATE-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-STATE-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-STATE-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-STATE-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)(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:

Joseph D. Fail

Joseph D. Fail

4/18/96 601-354-9070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE TELEPHONE #

CR2E034 (12/95)