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

FILED Feb 16 1998 8:00am Secretary of State

	MENT # F950(TAR T.L.C., INC.	00000045 (3)					1 88 / 8 /11/2081
Principal Place	o of Business	Mailing Address ,			1 1951/10 11/10 11/10 10/10 10/10 10/11 10/11 10/11 10/11 10/11 10/11	AN DD AN BO AR N	(00) (1) (10)
#1 TLC PARKWAY P.O. BOX 310 ST. CLAIR MO 63077-0310		1000 BRIDGEPORT AVENUE P.O. BOX 898 SHELTON CT 06484		DO NOT WRITE IN THIS SPACE			
• • • • • • • • • • • • • • • • • • • •		US			3. Date Incorporated or Qualified		
6 Oriental O	lace of Business	2a. Mailing Address			01/04/1995 4. FEI Number		and the
21 - Trinicipal Fi	rade of business	2g/o Corpoor	ate Tax D	ept			pplied For lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			10 100010		Additional
22		27 PO Box 1913	35		5. Certificate of Status Desired	Fee R	Required
City & State	0	City & State			6. Election Campaign Financing		May Be
Z ip	Country	28 Jacksonvil	Le, FL Country		Trust Fund Contribution		to Fees
24]	25	process and the second	30 USA		8. This corporation owes or has paid the culpersonal Property Tax due June 30.		ntangible No
71	9. Name and Address of Curr		_ UDA		10. Name and Address of New Registered		
C	T CORPORATION SYSTEM		81 Name)			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82 Stree	Addre	ss (P.O. Box Number is Not Acceptable)		
PU	MINIMIT I 33324		83				
			84 City			85 Zip	Code
			1 1		ration submits this statement for the purpose on's board of directors. I hereby accept the app	_	
SIGNATURE	Signatore, typed or penied rame of registered a	ngere und title it applicable (NOTE AND DIRECTORS	Hog-stered Agent signatu		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PO	X DELETE	1.1 TITLE		esident, Director	Change	Addition
NAME	KOONS, JOHN L.		1.2 NAME	1	ffrey L. Pundt 00 Simpson Road		
STREET ADDRESS	#1 TLC PARKWAY		1.3 STREET ADDRESS		ckford, IL 61102		
CITY-ST-ZIP	ST CLAIR MO VS	□ pelete	1.4 C(TY-ST-Z)P 2 1 T(TLE		, Secretary	Change	Addition
NAME	HARVEY, MICHAEL L	LJ bettit	2.2 NAME		chael L. Harvey	26.	
STREET ADDRESS	FIRST SHELTON PLACE, 1	000 BRIDGEPORT AVE	2.3 STREET ADDRESS	41	60 Woodcock Drive		
CITY-ST-ZIP	SHELTON CT		2 4 CITY-ST-ZIP	Ja	cksonville, FL 32207		
TITLE	VATD	DELETE	3.1 TITLE	VP	, Asst, Treas., Directo	Change	Addition
NAME	GERKENS, HENRY H		3.2 NAME	He:	nry H. Gerkens		
STREET ADDRESS	FIRST SHELTON PLACE, 1	000 BRIDGEPORT AVE	3 3 STREET ADDRESS	41	60 Woodcock Drive	,	
CITY-ST-ZIP	SHELTON CT		3.4. CITY - ST - ZIP	Ja	cksonville, FL 32207	le Chanca	Addition
TITLE	CD COMPANY OF THE COM	L) DELETE	4.1 TITLE	Di.	rector (Chairman)	change	Manigo
NAME	CROWE, JEFFREY C FIRST SHELTON PLACE, 1	AAA BBIDGEDADT AVE	4. 2 NAME	Je	ffrey C. Crowe		
STREET ADDRESS	SHELTON CT	UUU ONIDUSEFUNI AYE	4.3 STREET ADDRESS 4.4 City-St-Zip	41	60 Woodcock Drive	7	
CITY-ST-ZIP TITLE	D	K DELFTE	51 TITLE	₩₽	cksonville, FL 3220	K) Change	Addition
NAME	BROWN, EDDIE R	SA ************************************	5 2 NAME	1	bert C. LaRose	,	
STREET ADDRESS	4057 CARMICHAEL AVENU	IE .	5.3 STREET ADDRESS		60 Woodcock Drive		
CITY-ST-ZIP	JACKSONVILLE FL	· -	54 CITY-ST-ZIP		cksonville, FL 3220	7	
TITLE	V	DELETE	6.1 TITLE	1		Change	☐ Addition
NAME	LAROSE, ROBERT C.		6.2 NAME				
STREET ADDRESS	1000 BRIDGEPORT AVENU	E	63 STREET ADDRESS				
	CUCI TOM OT		4 4 8 TV ST TD	1			

64 CITY-ST-ZIP

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 supplicit equival 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 report of the corporation of the corporatio

SIGNATURE:

Robert C. LaRose