

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000000138 (6)

1. Corporation Name

TCR SEAGULL, INC.

Principal Place of Business

Mailing Address

717 N. HARWOOD
SUITE 1200-1B-120
DALLAS TX 75201

717 N. HARWOOD
SUITE 1200-1B-120
DALLAS TX 75201



2. Principal Place of Business

2a. Mailing Address

21 541 S. Orlando Ave #210

26 541 S. Orlando Ave #210

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Maitland, FL

27 City & State

28 Maitland, FL

24 Zip

25 32751

Country

26 Orange

29 Zip

30 32751

Country

31 Orange

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/09/1995

3a. Date of Last Report

4. FEI Number

75-2572676

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

HOEKSEMA, DOUGLAS A
541 S. ORLANDO AVE.
SUITE 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 ☐ DELETE

NAME HOEKSEMA, DOUGLAS A
STREET ADDRESS 541 S. ORLANDO AVE.
CITY-ST-ZIP MAITLAND FL 32751

TITLE VD ☐ DELETE

NAME TERWILLIGER, J. RONALD
STREET ADDRESS 2859 PACES FERRY RD.
CITY-ST-ZIP ATLANTA GA 30339

TITLE VD ☐ DELETE

NAME CROW, HARLAN R
STREET ADDRESS 2001 ROSS AVE.
CITY-ST-ZIP DALLAS TX 75201

TITLE VST ☐ DELETE

NAME PACE, RANDY J
STREET ADDRESS 717 N. HARWOOD
CITY-ST-ZIP DALLAS TX 75201

TITLE AS ☐ DELETE

NAME CEPHAS, PHYLLIS
STREET ADDRESS 717 N. HARWOOD
CITY-ST-ZIP DALLAS TX 75201

TITLE AS ☐ DELETE

NAME LINCOLN, PENNY A
STREET ADDRESS 717 N. HARWOOD
CITY-ST-ZIP DALLAS TX 75201

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200001822182
-05/15/96--01045--001
***1400.00

☐ Change ☐ Addition

5-1-96

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 this 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 checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

407-645-9180

Daytime Phone #

CR2E034 (12/95)