FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700000101

Corporation Name

Principal Place of Business

TCR NORTH FLORIDA HOMEGATE, INC.

FILED
May 10, 1999 8:00 am
Secretary of State
05 10 1000 00020 047 ***150 00



541 S ORLANDO AVE STE 210 MAITLAND FL 32751 US		541 S ORLANDO AVE STE 210 MAITLAND FL 32751 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/07/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number		plied For
26					75-2683552		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ ' ' ' '		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State	tate		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	<i></i>	8. This corporation owes the current year		_ \
24	25 29 30				Personal Property Tax.	☐ Yes	□No
- <u>-</u>	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name			
CORPORATION SERVICE COMPANY 1201 HAYS STREET			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
TALL		83	+				
			84	City		FL 85 Zip	Code
Office or r	egistered agent, or both, in the State in familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes	s.	corporation submits this statement for the purposition's board of directors. I hereby accept the a		registered egistered
	Signature, typed or printed name of registered ag	· · · · · · · · · · · · · · · · · · ·		nt signature re	quito what reliaceing)		DDC IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	DV	DELETE	1,1 TITLE	1		☐ Onlinge	
NAME	WOOD, LEONARD W		1.2 NAME				
STREET ADDRESS	2859 PACES FERRY RD., STE	i. 1400	13 STREE	TADDRESS			
CITY-ST-ZIP	ATLANTA GA 30339		1.4 CITY-5	ST-ZIP			
TITLE	DV	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	TERWILLIGER, J. RONALD		2.2 NAME				
STREET ADDRESS	2859 PACES FERRY RD., STE	. 1400	2.3 STREE	T ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30339		2. 4 C/TY-	ST-ZIP			
TITLE	DV	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	CROW, HARLAN R		3.2 NAME	1			
STREET ADDRESS	2001 ROSS AVE., STE. 3200		3.3 STREE	ET ADORESS			
	DALLAS TX 75201		3.4, CITY-	-			
CITY-ST-ZIP	P P	☐ DELETE	4.1 TITLE			Change	Addition
NAME	HOEKSEMA, DOUGLAS A		4, 2 NAME	_			
-	FALO ODLANDO NE OTE	210	1	TADDRESS			
STREET ADDRESS	MAITLAND FL 32571	410	4.4 CITY-	ì			,
CITY-ST-ZIP	WATEMED IL 3231 I	™ DELETE	5.1 TITLE	01° ZIF	VST , -	☐ Change	Addition
TITLE	ELWELL DAVID	PO DELETE	5.2 NAME	1	Do Horson, Thomas J.	3-	
NAME	ELWELL; DAVID J	T 4400		ET ADDRESS	Polterson, Thomas J. 717 N Horwood # 12	200	
STREET ADDRESS	2859 PACES FERRY RD., STE	:. 1 4 00			DO/185 TX 75201		
CITY-ST-ZIP	ATLANTA GA 30339		5.4 CITY-1			☐ Change	X Addition
TITLE	VST	DELETE			AS 1 Tags	Change	K2Voninou
NAME	PACE, RANDY-3		6.2 NAME		AS Zamwick, Joon C. 541 S. Orlando Ave	# 2 M	
STREET ADDRESS	717 N. HARWOOD, STE. 120	0, LB128	• • • • • • • • • • • • • • • • • • • •	ET ADDRESS	541 5. Or/Broo MVES		
	DALLAS TV 75201		6.4 CITY-1	ST-ZIP	May +/BOD. FL 32751	,	

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 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, with all other like empowered.