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Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90009 020 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000000921

1. Corporation Name
THE TRC GP, INC.

Principal Place of Business
**101 SE 2ND PLACE, SUITE 202
GAINESVILLE FL 32601**

Mailing Address
**101 SE 2ND PLACE, SUITE 202
GAINESVILLE FL 32601**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1998

4. FEI Number

76-0547315

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**MCGURN, LINDA
101 SE 2ND PLACE, SUITE 202
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81 Name

THOMPSON, C. FREDERICK

82 Street Address (P.O. Box Number is Not Acceptable)

104 N Main Street, Suite 300

83

Gainesville

84 City

Gainesville

FL

85 Zip Code

32601

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

C. FREDERICK THOMPSON

03/15/99

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
MCGURN, KENNETH R
STREET ADDRESS
101 SE 2ND PLACE, SUITE 202
CITY-ST-ZIP
GAINESVILLE FL 32601

TITLE VTD ☒ DELETE

NAME
MCGURN, LINDA
STREET ADDRESS
101 SE 2ND PLACE, SUITE 202
CITY-ST-ZIP
GAINESVILLE FL 32601

TITLE V ☒ DELETE

NAME
THOMPSON, C. FREDERICK
STREET ADDRESS
104 N. MAIN ST, SUITE 300
CITY-ST-ZIP
GAINESVILLE FL 32601

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME
THOMPSON, C. FERDERICK
1.3 STREET ADDRESS
104 N Main Street, Suite 300
1.4 CITY-ST-ZIP
Gainesville FL 32601

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

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.

SIGNATURE:

C. FREDERICK THOMPSON

03/15/99

352-378-4814

Date

Daytime Phone #

CR2E034 (1/98)