

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

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May 10, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F98000004773

1. Corporation Name
TCR FORT CLARKE I, INC.



Principal Place of Business

717 N. HARWOOD. #1200 LB128
DALLAS TX 75201

Mailing Address

717 N. HARWOOD. #1200 LB128
DALLAS TX 75201

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **541 S. Orlando Ave**
Suite, Apt. #, etc.
22 **Suite 210**
City & State
23 **Maitland FL**
Zip Country
24 **32751** 25 **US**

2a. Mailing Address
26 **541 S. Orlando Ave**
Suite, Apt. #, etc.
27 **Suite 210**
City & State
28 **Maitland FL**
Zip Country
29 **32751** 30 **US**

3. Date Incorporated or Qualified

08/21/1998

4. FEI Number
75-2777615
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

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE	DV	<input type="checkbox"/> DELETE
NAME	CROW, HARLAN R	
STREET ADDRESS	2001 ROSS AVE., SUITE 3200	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HOEKSEMA, DOUGLAS A	
STREET ADDRESS	541 SOUTH ORLANDO AVE., SUITE 210	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TERWILLIGER, J. RONALD	
STREET ADDRESS	2859 PACES FERRY ROAD, #1400	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLLINS, MICHAEL	
STREET ADDRESS	1810 GATEWAY DR., SUITE 100	
CITY-ST-ZIP	SAN MATEO CA 94404	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	SHAMBLIN, LEE ANN	
STREET ADDRESS	717 N. HARWOOD, #1200 LB128	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PATTERSON, THOMAS J	
STREET ADDRESS	717 N. HARWOOD, #1200 LB128	
CITY-ST-ZIP	DALLAS TX 75201	

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-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	AS
5.3 STREET ADDRESS	Zanowick, Joan C
5.4 CITY-ST-ZIP	541 S. Orlando Ave #210
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VT5
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: *Joan C. Zanowick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

Daytime Phone #

CR2E034 (11/98)