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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90039 049 \*\*\*150.00

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DOCUMENT # H80029

1. Corporation Name  
TC RESIDENTIAL, INC.

Principal Place of Business

541 S ORLANDO AVE  
STE 210  
MAITLAND FL 32751  
US

Mailing Address

541 S ORLANDO AVE  
STE 210  
MAITLAND FL 32751  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1985

4. FEI Number

59-2641729

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.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

HOEKSEMA, DOUGLAS A  
541 S ORLANDO AVE  
STE 210  
MAITLAND FL 32751

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

TITLE DV ☐ DELETE  
NAME TERWILLIGER, J. RONALD  
STREET ADDRESS 2859 PACES FERRY  
CITY-ST-ZIP ATLANTA GA

TITLE PD ☐ DELETE  
NAME HOEKSEMA, DOUGLAS A.  
STREET ADDRESS 541 S ORLANDO AVE #210  
CITY-ST-ZIP MAITLAND FL

TITLE DV ☐ DELETE  
NAME CROW, HARLAN R.  
STREET ADDRESS 2001 ROSS AVENUE  
CITY-ST-ZIP DALLAS TX

TITLE VTS ☒ DELETE  
NAME PAGE, RANDY-J  
STREET ADDRESS 717 N HARWOOD #1200  
CITY-ST-ZIP DALLAS TX

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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 VTS  
5.3 STREET ADDRESS Patterson, Thomas J.  
5.4 CITY-ST-ZIP 717 N. Harwood #1200  
Dallas, TX

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME AS  
6.3 STREET ADDRESS Zarowick, Joan C  
6.4 CITY-ST-ZIP 541 S. Orlando Ave #210  
Maitland, 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.

SIGNATURE:

Joan C. Zarowick

Joan C. Zarowick

4/30/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)