FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 25 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H92795** **(4)**

1. Corporation Name
T.B.D., INC.

Principal Place of Business	Mailing Address
111 N. ORANGE AVE. SUITE 2000 ORLANDO FL 32801	111 N. ORANGE AVE. SUITE 2000 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/31/1985
3a. Date of Last Report: 01/13/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 59-2617999	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

MORRIS, MAX F.
2300 SUNBANK CNTR
ORLANDO FL 32802

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	VD	☐ Change ☑ Addition
NAME	DEWOLF, THOMAS B.	1.2 NAME	MAX F. MORRIS	
STREET ADDRESS	111 N ORANGE AVE #2000	1.3 STREET ADDRESS	2300 SUNBANK CNTR	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32802	
TITLE	D	2.1 TITLE	D	☐ Change ☐ Addition
NAME	O'DONNELL, JOHN, L.	2.2 NAME	JOHN H. WARD	
STREET ADDRESS	111 N ORANGE AVE #2000	2.3 STREET ADDRESS	111 N. ORANGE AVE #2000	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	STARLING, BRUCE C.	3.2 NAME		
STREET ADDRESS	1004 LANCASTER DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	WEBB, ROBERT	4.2 NAME		
STREET ADDRESS	2300 SUNBANK CNTR	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	WOHLUST, G. CHARLES	5.2 NAME		
STREET ADDRESS	230 LOOKOUT PLACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP		
TITLE	STD	6.1 TITLE		☐ Change ☐ Addition
NAME	HOOFMAN, ROBERT S	6.2 NAME		
STREET ADDRESS	111 N ORANGE AVE #2000	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: Robert S. Hoofman, Secretary, Treasurer 4/21/95 407-841-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT S. HOOFMAN, SECRETARY, TREASURER

0083178 CP