

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90144 024 \*\*\*150.00

DOCUMENT # J28978

1. Corporation Name  
TMC-2, INC.



Principal Place of Business  
5301 W FOWLER AVE  
TEMPLE TERRACE FL 33617  
US

Mailing Address  
4601 W. KENNEDY BLVD., STE. 228  
305  
TAMPA FL 33609  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1986

2. Principal Place of Business

21 5301 E. Fowler Ave

Suite, Apt. #, etc.

22 City & State

23 Temple Terrace, FL

24 Zip 33617 25 Hillsborough

Country

2a. Mailing Address

Suite, Apt. #, etc.

27 City & State

28 Zip 305 Country

4. FEI Number

59-2726931

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

MCLAMORE, S. WHITMAN  
4601 W. KENNEDY BLVD., STE 305  
TAMPA FL 33617

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 PVS ☐ DELETE  
NAME MCLAMORE, S. WHITMAN  
STREET ADDRESS 4601 W. KENNEDY BLVD., STE 305  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE  
NAME MCLAMORE, S. WHITMAN  
STREET ADDRESS 4601 W. KENNEDY BLVD., STE 305  
CITY-ST-ZIP TAMPA FL

TITLE TD ☐ DELETE  
NAME MCLAMORE, LAUREN B.  
STREET ADDRESS 4601 W. KENNEDY BLVD., STE 305  
CITY-ST-ZIP TAMPA FL

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 ☐ 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  
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:

*Lauren B. Mclamore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99  
Date

813-287-0088  
Daytime Phone #

CR2E034 (1/98)

0338796