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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 PM 5:40

DOCUMENT # **K69101** **(9)**

1. Corporation Name
TCEF CORPORATION

Principal Place of Business	Mailing Address
3030 HARTLEY ROAD, SUITE 200 JACKSONVILLE FL 32257	3030 HARTLEY ROAD, SUITE 200 JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1989
3a. Date of Last Report: 01/13/1994

2. Principal Place of Business
21 10110 San Jose Blvd.
Suite, Apt. #, etc. 22
City & State 23: Jacksonville, FL
Zip 24: 32257 Country 25: Duval

2a. Mailing Address
26 10110 San Jose Blvd.
Suite, Apt. #, etc. 27
City & State 28: Jacksonville, FL
Zip 29: 32257 Country 30: Duval

4. FEI Number: 59-2935436 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX ☐ No

9. Name and Address of Current Registered Agent

FORD, ROBERT A.
3030 HARTLEY ROAD
SUITE 200
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name: Robert A. Ford
82 Street Address (P.O. Box Number is Not Acceptable): 10110 San Jose Blvd.
83
84 City: Jacksonville FL 85 Zip Code: 32257

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] 1/16/95
Signature, typed or printed name of registered agent and date (REQUIRED)

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	TURNER, THOMAS C.	2 NAME	
STREET ADDRESS	4215 SOUTHPOINT BLVD, #160	3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	FORD, ROBERT A.	22 NAME	
STREET ADDRESS	~~3030 HARTLEY ROAD #200~~	23 STREET ADDRESS	10110 San Jose Blvd.
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, FL 32257
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	
TITLE		81 TITLE	☐ Change ☐ Addition
NAME		82 NAME	
STREET ADDRESS		83 STREET ADDRESS	
CITY-ST-ZIP		84 CITY-ST-ZIP	
TITLE		101 TITLE	☐ Change ☐ Addition
NAME		102 NAME	
STREET ADDRESS		103 STREET ADDRESS	
CITY-ST-ZIP		104 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 above, or on an attachment with an addition.

SIGNATURE: [signature] 1/16/95 (904) 268-7227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number
Robert A. Ford

0022074 CP