

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K71075** (1)

1. Corporation Name

T.L.C. SITTERS, INC.



Principal Place of Business

Mailing Address

% MARGIE J. WASSON
6419 BELVIEW PINE PLACE
PENSACOLA FL 32526

% MARGIE J. WASSON
6419 BELVIEW PINE PLACE
PENSACOLA FL 32526

3. Date Incorporated or Qualified
03/01/1989

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 **1779 East Nine Mile Rd**

26 **1779 East Nine Mile Rd**

4. FET Number

59-2933670

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 ☐ No

22

27

City & State

City & State

23 **Pensacola, Florida**

28 **Pensacola, Florida**

24 **32514**

25 **Escambia**

29 **32514**

30 **Escambia**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASSON, DANIEL E.
6419 BELLVIEW PINE PL
PENSACOLA FL 32526

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 **Margie J. Wasson - President**

Signature of officer or printed name of registered agent and title in application

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **WASSON, MARGIE J.**
STREET ADDRESS **6419 BELVIEW PINE PLACE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VS** ☐ DELETE

NAME **WASSON, DANIEL E.**
STREET ADDRESS **6419 BELVIEW PINE PL.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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CITY-ST-ZIP

1 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(k), 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: **Margie J. Wasson - President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 904-857-0920

Date

Daytime Phone #

CR2E034 (12/95)