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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1. Corporat		381 (3)	DF CORPORATIONS			
	TD PRESCOTT ASSOCIAT	ES, INC. Mailing Address				
4902 EISEN STE. 185 TAMPA FL : US	NHOWER BLVD. 33634-3327	4902 EISENHOWER BL STE. 185 TAMPA FL 33634-3327 US				
2. Principal	Place of Business			 Date Incorporated or Qualified 05/17/1989 	3a. Date of Last 05/01/19	
21		2a. Mailing Address 26		4. FEI Number 59-2949250		Applied For
Suite, Apt	it. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.7	Not Applicable 5 Additional
City & Sta	ate	City & State				Required
Zip		28		Election Campaign Financing Trust Fund Contribution	\$5.0	00 мау Ве
24	Country 25	Zip 29	Country 30	8. This corporation has liability for in	ntangible tax under	ed to Fees s 199.032,
	9. Name and Address of Cu	rrent Registered Agent		Florida Statutes Yes 10. Name and Address of New Re	∐ No egistered Acent	
GORDO	N, MANUEL F.		81 Name			
4902 EK	SENHOWER BLVD		82 Street Add	dress (P.O. Box Number is Not Acceptable	θ)	
STE 185			83			
IAMPA I	FL 33634-3327		84 City			
11. Pursuant	to the provisions of Sections 607.0	1502 and 607 1500 Florida Court	,			ip Code
11. Pursuant or register familiar wi	to the provisions of Sections 607.0 ered agent, or both, in the State of Fertilla, and accept the objections of sections.	1502 and 607.1508, Florida Statute Florida, Such change was authorize	,	ration submits this statement for the purp		
SIGNATURE	i i i i i i i i i i i i i i i i i i i	poolion 607.0003, Florida Statutes.	,	ration submits this statement for the purp ard of directors. I hereby accept the appoi		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NO)	es, the above-named corpored by the corporation's boa	doop! the appoint	ose of changing its intment as registered	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NOI AND DIRECTORS	es, the above-named corporated by the corporation's boatte. Registered Agent signature require. 13.	od when reinstating)	pose of changing its intment as registered	registered office d agent. I am
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oath, that I am an officer or director of the corporation or the receiver or trustee empoyered appears in Block 12 or Block 13 if changed, or on an attachment with an address. The and accurate and that my signature shall have the same legal effect as if made under to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: