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 19 AM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L06253** **(3)**

1. Corporation Name
T D L ENTERPRISES, INC.

Principal Place of Business	Mailing Address
815 EYRIE DR STE 2 OVIEDO FL 32765 US	815 EYRIE DR STE 2 OVIEDO FL 32765 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1989
3a. Date of Last Report: 06/27/1994
4. FEI Number: 59-2959708 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LORENZE, TODD 815 EYRIE DR STE 2 OVIEDO FL 32765	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	DPT	1.1 TITLE	DPT	☒ Change ☐ Addition
NAME	LORENZE, TODD DEWAYNE	1.2 NAME	LORENZ, TODD DeWAYNE	
STREET ADDRESS	281 SPRGS COLONY CR #168	1.3 STREET ADDRESS	815 EYRIE DR, STE 2	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	OVIEDO, FL. 32765	
TITLE	~~DVP~~	2.1 TITLE	DELETE THIS	☒ Change ☐ Addition
NAME	~~LORENZE, DEWAYNE~~	2.2 NAME	OFFICER	
STREET ADDRESS	~~401 S. STATE RD. 434~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL~~ No Longer An Officer of Corporation	2.4 CITY-ST-ZIP		
TITLE	~~DS~~	3.1 TITLE	DS	☒ Change ☐ Addition
NAME		3.2 NAME	LORENZE, TODD DeWAYNE	
STREET ADDRESS		3.3 STREET ADDRESS	815 EYRIE DR. STE 2	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	OVIEDO, FL. 32765	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: _____ 4-12-95 (407) 359-5425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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