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Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L12030

(7)

1. Corporation Name  
TMC-3, INC.

Principal Place of Business  
4565 W KENNEDY BLVD  
4601 WEST KENNEDY BLVD. SUITE 228  
TAMPA FL 33609  
US

Mailing Address  
C/O S. WHITMAN MCLAMORE  
4601 WEST KENNEDY BLVD. SUITE 228  
TAMPA, F L 33609-2550



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

8. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
08/29/1989

3a. Date of Last Report  
04/16/1996

4. FEI Number  
59-2964997

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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

MCLAMORE, S. WHITMAN  
4601 WEST KENNEDY BLVD. SUITE 228  
TAMPA FL 33609

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite 305

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME MCLAMORE, S. WHITMAN  
STREET ADDRESS 4601 W. KENNEDY BLVD., STE. 228  
CITY-ST-ZIP TAMPA FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 4601 W. Kennedy Blvd, Ste 305  
1.4 CITY-ST-ZIP

TITLE DT  
NAME MCLAMORE, LAUREN B.  
STREET ADDRESS 4601 W. KENNEDY BLVD., STE. 228  
CITY-ST-ZIP TAMPA FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 4601 W. Kennedy Blvd, Ste 305  
2.4 CITY-ST-ZIP

TITLE D  
NAME SPENCE, WILLIAM R  
STREET ADDRESS 9609 PARTRIDGE LANE  
CITY-ST-ZIP CRYSTAL LAKE IL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

CR2E034 (9/96)