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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # L12030 (7)

1. Corporation Name
TMC-3, INC.

[redacted]

Principal Place of Business	Mailing Address
4565 W KENNEDY BLVD 4601 WEST KENNEDY BLVD. SUITE 228 TMAPA FL 33609 US	C/O S. WHITMAN MCLAMORE 4601 WEST KENNEDY BLVD. SUITE 228 TAMPA. F L 33609-2550

3. Date Incorporated or Qualified: 06/29/1989
3a. Date of Last Report: 4/1997

2. Principal Place of Business
21: 4565 W. Kennedy Blvd
22: Suite, Apt. #, etc.
23: City & State: Tampa, FL
24: Zip: 33609 25: Country: USA

2a. Mailing Address
26: 4601 W. Kennedy Blvd.
27: Suite, Apt. #, etc.: Suite 305
28: City & State: Tampa, FL
29: Zip: 33609 30: Country: USA

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

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: S. Whitman McLamore
82 Street Address (P.O. Box Number is Not Acceptable): 4601 W. Kennedy Blvd
83: Suite 305
84 City: Tampa FL 85 Zip Code: 33609

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MCLAMORE, S. WHITMAN 4601 W. KENNEDY BLVD., STE. 228 TAMPA FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 4601 W. Kennedy Blvd, Ste 305
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MCLAMORE, LAUREN B. 4601 W. KENNEDY BLVD., STE. 228 TAMPA FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 4601 W. Kennedy Blvd, Ste 305
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPENCE, WILLIAM R 9809 PARTRIDGE LANE CRYSTAL LAKE IL ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition AS 5.1
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	500002509402 ☐ Change ☐ Addition -05/04/98--01030--027 ***150.00

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.