

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **L26814** (8)

1. Corporation Name

TBA TRANSCRIPTION, INC.

95 MAY -1 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
2135 S. CONGRESS AVENUE **2135 S. CONGRESS AVENUE**
SUITE #2-C **SUITE #2-C**
W PALM BEACH FL 33408 **W PALM BEACH FL 33408**

3. Date Incorporated or Qualified **10/31/1989** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0152947** 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**
9. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☐ Yes ☒ No

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
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REDMER, ABBIE C.

~~8132 SEDGWICK COURT~~
~~LAKE CLARK SHORES FL 33408~~

NEW ADDRESS ->

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **810 SKY PINE WAY E-1**
83
84 City **W.P.B.** FL 85 Zip Code **33415**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **REDMER, ALBERTA C.**
STREET ADDRESS **8132 SEDGWICK COURT**
CITY - ST - ZIP **LAKE CLARK SHORES FL 33408**

TITLE **V**
NAME **REDMER, PAUL D**
STREET ADDRESS **610 SOPE CREED RIDGE**
CITY - ST - ZIP **MARIETTA GA 30068**

TITLE **2NDV**
NAME **REDMER, STEVEN F**
STREET ADDRESS **8132 B. SEDEWICK COURT**
CITY - ST - ZIP **WEST PALM BEACH FL 33408**

TITLE **2NDV**
NAME **REDMER, FREDERICK J**
STREET ADDRESS **8132 B. SEDEWICK COURT**
CITY - ST - ZIP **WEST PALM BEACH FL 33408**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **ALBERTA C. Redmer**
1.3 STREET ADDRESS **810 SKY PINE WAY - E-1**
1.4 CITY - ST - ZIP **W. PALM BEACH, FL 33415**

2.1 TITLE **V** ☒ Change ☐ Addition
2.2 NAME **PAUL D. Redmer**
2.3 STREET ADDRESS **4520 BAKER PLANTATION DRIVE**
2.4 CITY - ST - ZIP **ALBANY, GA 31701**

3.1 TITLE **2NDV** ☒ Change ☐ Addition
3.2 NAME **STEVEN F. Redmer**
3.3 STREET ADDRESS **2396A GREENGATE CIRCLE**
3.4 CITY - ST - ZIP **W. PALM BEACH, FL 33415**

4.1 TITLE **2NDV** ☐ Change ☐ Addition
4.2 NAME **FREDERICK J. Redmer**
4.3 STREET ADDRESS **810 SKY PINE WAY - E-1**
4.4 CITY - ST - ZIP **W. PALM BEACH, FL 33415**

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/27/95 (407) 907-2188