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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **M50849** (2)
1. Corporation Name
TAVISTOCK FINANCIAL CORPORATION



Principal Place of Business Mailing Address
~~6355 METROWEST BLVD~~
~~SUITE 445~~
~~ORLANDO FL 32805~~
~~US~~
200 SOUTH ORANGE AVE
2300
~~ORLANDO FL 32801-0446~~
US

2. Principal Place of Business 2a. Mailing Address
21 9701 Chestnut Ridge On Suite, Apt. #, etc.
22 City & State 27 City & State
23 Windermere, FL 28 Zip Country
24 34786 25 29 30

3. Date Incorporated or Qualified 04/21/1987 3a. Date of Last Report 04/26/1996
4. FEI Number 59-2801133 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
AGC CO
200 S ORANGE AVE
SUITE 2300
ORLANDO FL 32801

10. Name and Address of New Registered Agent
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME THAKKAR, RAESH
STREET ADDRESS 6355 METROWEST BLVD STE 445
CITY-ST-ZIP ORLANDO FL
TITLE SD
NAME SILVERTON, VIVIANNE
STREET ADDRESS 6355 METROWEST BLVD STE 445
CITY-ST-ZIP ORLANDO FL
TITLE VTD
NAME VOSS, JEFFERSON R.
STREET ADDRESS 6355 METROWEST BLVD STE 445
CITY-ST-ZIP ORLANDO FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 9701 Chestnut Ridge Dr.
1.4 CITY-ST-ZIP Windermere, FL 34786
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 9701 Chestnut Ridge Dr.
2.4 CITY-ST-ZIP Windermere, FL 34786
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 9701 Chestnut Ridge Dr.
3.4 CITY-ST-ZIP Windermere, FL 34786
4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Mangum, Chris
4.3 STREET ADDRESS 9701 Chestnut Ridge Dr.
4.4 CITY-ST-ZIP Windermere, FL 34786
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 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 SIGNATURE REQUIRED

CR2E034 (9/96)