FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # M78138 (8)

1. Corporation Name

TMD SERVICES, INC.

Principal Place of Business	Mailing Address
1913 SW BILTMORE STR PORT ST. LUCIE FL 34984 US	1913 SW BILTMORE STR PORT ST. LUCIE FL 34984 US

3. Date Incorporated or Qualified **04/21/1988**	**3a.** Date of Last Report **05/01/1995**
4. FEI Number **59-2893370**	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	

2. Principal Place of Business

- 21
- 22 Suite, Apt. #, etc.
- 23 City & State
- 24 Zip 25 Country

2a. Mailing Address

- 26
- 27 Suite, Apt #, etc.
- 28 City & State
- 29 Zip 30 Country

9. Name and Address of Current Registered Agent

MARTIN, CATHY A
1913 BILTMORE STR
PORT ST LUCIE FL 34984

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 607.1503, 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 (if applicable)   (NOTE: Reg. Agent signature is required when changed)   DATE

12. OFFICERS AND DIRECTORS / 13. / ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	**S**	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	**MARTIN, TONY**		1.2 NAME		
STREET ADDRESS	**1071 SW JOHN MACCORMACK**		1.3 STREET ADDRESS		
CITY-ST-ZIP	**PORT ST. LUCIE FL**		1.4 CITY-ST-ZIP		
TITLE	**PD**	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	**MARTIN, CATHY**		2.2 NAME		
STREET ADDRESS	**1071 SW JOHN MACCORMACK**		2.3 STREET ADDRESS		
CITY-ST-ZIP	**PORT ST. LUCIE FL**		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: *Cathy Martin*   Cathy Martin   4-30-96   407-340-1042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Daytime Phone #