FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M79864** **(8)**

1. Corporation Name
TCL DEVELOPERS, INC.

Principal Place of Business	Mailing Address
~~% LEE MARIE GARMAN~~ ~~700~~ ~~MELBOURNE FL 32901~~ ~~US~~	~~% LEE MARIE GARMAN~~ ~~700~~ ~~MELBOURNE FL 32901~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/09/1988
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business	2a. Mailing Address
21 100 Rialto Place	26 100 Rialto Place
Suite, Apt. #, etc. 22 Suite 700	Suite, Apt. #, etc. 27 Suite 700
City & State 23 Melbourne FL 32901	City & State 28 Melbourne FL
Zip / Country 24 32901 / 25 Brevard	Zip / Country 29 32901 / 30 Brevard

4. FEI Number: 59-2886976 ☐ 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	10. Name and Address of New Registered Agent
~~GARMAN, LEE MARIE~~ ~~100 RIALTO PLACE~~ ~~SUITE 704~~ ~~MELBOURNE FL 32901~~	81 Name: Garman, Lee Marie 82 Street Address (P.O. Box Number is Not Acceptable): 100 Rialto Place 83 Suite 700 84 City: Melbourne **FL** 85 Zip Code: 32901

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	~~V~~	11 TITLE	V ☒ Change ☐ Addition
NAME	~~GARMAN, CLAIR M.~~	12 NAME	Garman, Clair M.
STREET ADDRESS	~~100 RIALTO PLACE, S#704~~	13 STREET ADDRESS	100 Rialto Place, Suite 700
CITY-ST-ZIP	~~MELBOURNE FL~~	14 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	~~PST~~	21 TITLE	PST ☒ Change ☐ Addition
NAME	~~GARMAN, LEE MARIE~~	22 NAME	Garman, Lee Marie
STREET ADDRESS	~~100 RIALTO PLACE, S#704~~	23 STREET ADDRESS	100 Rialto Place, Suite 700
CITY-ST-ZIP	~~MELBOURNE FL~~	24 CITY-ST-ZIP	Melbourne, FL 32901
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Lee Marie Garman April 15, 1995 407-984-9613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lee Marie Garman, PST

0419684 FP