FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

			·				
DOCL	IMENT	# N3	32702				

(9)

1. Corporation Name

SIGNATURE:

TCHP CORPORATION

Principal Place of Business Mailing Address *DINY BAILEY 1029 KENSINGTON 1029 KENSINGTON PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952			L 33962						
						3. Date Incorporated or Qualified 06/18/1990	3a. Date	of Las	st Report 1995
2. Principal 21	Place of Business	2a. Mailing Address				4. FEI Number	I	7	Applied For
Suite, Ap	t. #. etc	26				65-0208214			Not Applicable
22		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.7	5 Additional
City & Sta	ate	City & State					<u> </u>		Required
23		28				Election Campaign Financing Trust Fund Contribution			00 мау Ве
Zip	Country	Ζιρ	Count	try	***				ed to Fees
24	25	29	30			This corporation has liability for inta- Florida Statutes	angible tax u Yes □ Ni	under s	s. 199.032,
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	Istered Ag	ent	
BAILEY.	INKIV		18	11	Name				
	, DINT Ensington		8	2	Street Addin	ess (P.O. Box Number is Not Acceptable)	 -		
	CHARLOTTE FL 33952		L	1		- Total Cooping			
10111	7 PAREOTTE TE 33932		8	3			· · · · ·		
			8	4	City				
11. Pursuant	to the provisions of Sections 617 0500	and 617 1600 Florida Ctal		1	<u> </u>		FL!	B5 Z	ip Code
or registe familiar w	ered agent, or both, in the State of Florid	da. Such change was authoria	tes, the above zed by the cor	⊩na ixoi	amed corpora ration's board	ation submits this statement for the purpos d of directors. I hereby accept the appoint	e of changi	ng its	registered office
SIGNATURE	min, and accept the obligations of, Sect	ion 617.0503, Florida Statutes	S.			- or all cotors. Priciedly accept the appoint	ment as reg	pstered	i agent. I am
SIGNATURE	Signature typed or printed name of registered agent	and tile it application	Nr. Barre						
12.	OFFICERS AND		OTE: Registered Ap		signature recjuired		DATE		
TITLE	D	DELETE	1.1 TOLE			ADDITIONS/CHANGES TO OFFICE			
NAME	BAILEY, DINY		12 NAME		1			hange	Addition
STREET ADDRESS	1029 KENSINGTON STREET		1.3 STREE		DORESS				
CITY-ST-ZIP	PORT CHARLOTTE FL	_	1 4 CITY-						
TITLE	D	DELETE	2 1 TITLE				<u> </u>	hange	
NAME	BAILEY, THOMAS L.		2 2 NAME					nanye	☐ Addition
STREET ADDRESS	1029 KENSINGTON STREET		2 3 STREE	^AD	ODRESS				
CITY-ST-ZIP	PORT CHARLOTTE FL		2 4 CHY-	ST-	. ZIP				
TITLE	-	DELETE	3 1 TITLE					hanne	Addition
NAME STREET ADDRESS	MIZE, MARYANN 1053 KENSINGTON STREET		3 2 NAME				L., V.		
CITY-ST-ZIP	PORT CHARLOTTE FL		33 STREE	AD	ODRESS				
TITLE	TOM CHARLOTTE FL	Document	3 4. CITY-	<u>51-</u>	ZIP				
NAME		DELETE	4.1 TITLE				□ Cr	 nange	Addition
STREET ADDRESS			4 2 NAME						1
CITY-ST-ZIP			4 3 STREET		1				}
TITLE		DELETE	4 4 CITY - S	ST - Z	<u> </u>				
NAME			5.1 TITLE				☐ Ch	ange	☐ Addition
STREET ADDRESS			5.2 NAME						
CITY-ST-ZIP			5 3 STREET						1
ITLE		DELETE	54 CITY-S	- 2	IP			·—··	
IAME			61 TITLE				Ch.	ange	☐ Addition
TREET ADDRESS			6.2 NAME 6.3 STREET	400	porec				1
1			# 0.3.5HBFEL	61A	mess I				

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.