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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 AM 8:23

DOCUMENT # **N41798** **(2)**

1. Corporation Name

TCC EAGLES, INCORPORATED

Principal Place of Business	Mailing Address
444 APPLEYARD DRIVE TALLAHASSEE FL 32304 US	1242-A BLOUNTSTOWN HWY. SUITE 227 TALLAHASSEE FL 32304 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1991
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-3047781 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MILLER, MARSHALL
444 APPLEYARD DRIVE
TALLAHASSEE FL 32304

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 _____ 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	VERSIGA, WILLIAM F	12 NAME	See Attachment
STREET ADDRESS	HIGHWAY 319	13 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	STRYKER, LAUREY	22 NAME	
STREET ADDRESS	THE CAPITOL, PL08	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	
TITLE	PED	31 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, WILLIAM	32 NAME	
STREET ADDRESS	217 NORTH MONROE	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MILLER, MARSHALL	42 NAME	
STREET ADDRESS	444 APPLEYARD DR.	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MARTINEAU, TOM	52 NAME	
STREET ADDRESS	3478 VALLEY CREEK DR.	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	
TITLE	EX D	61 TITLE	☐ Change ☐ Addition
NAME	ABBEY, STUART	62 NAME	
STREET ADDRESS	444 APPLEYARD DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027213

N41798

Mr. Marshall Cassedy
Director
2210D N.Point Blvd.

Tallahassee FL 32308

Dr. Lawrence Hatchett
Director
3334 Capital Medical Blvd;Suite 200

Tallahassee FL 32308

Mr. Ed Colvin
Director
P.O. Box 277

Tallahassee FL 32327

Mr. Steve Evans
Director
101 North Monroe Street 8th Floor
I.B.M.
Tallahassee FL 32314

Ms. Gayle Swedmark
Director
318 North Monroe Street

Tallahassee FL 32302

Honorable Charles E. Miner
Director
200 M.L.K. Blvd.

Tallahassee FL 32399

N41798

Mr. William Versiga
Past-President
Highway 319
Wakulla Bank
Crawfordville FL 32327

Mr. William Mitchell
President
1860 N.E. Capital Circle
Capital City First National Bank
Tallahassee FL 32308

Mr. Casey Madigan
Vice-President
P.O. Box 12996
Outdoor Guide Association
Tallahassee FL 32317

Mr. Dick D'Alemberte
Treasurer
P.O. Box 66

Chattahoochee FL 32324

Mr. Bill Green
President-Elect
123 S.Calhoun St.
Hopping, Boyd, Green, & Sams
Tallahassee FL 32301

Mr. Tom Martineau
Director
3476 Valley Creek Drive

Tallahassee FL 32312

N41798

Mr. Bob Morgan
Director
P.O. Box 436

Panacea FL 32346

Mr. Booker Moore
Director
P.O. Box 2275
Tallahassee State Bank
Tallahassee FL 32316

Mr. Frank Swerdewski
Director
237 John Knox Road

Tallahassee FL 32303

Mr. Ralph Turlington
Director
2612 Lucerene Drive

Tallahassee FL 32303

Mr. Frank Visconti
Director
2894-B Remington Green Lane
Visconti Enterprises
Tallahassee FL 32308