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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003715

1. Corporation Name

TOWN & COUNTRY ALLIANCE, INC.

Principal Place of Business

7512 PAULA DR
 105
 TAMPA FL 33615
 US

Mailing Address

PO BOX 261106
 SUITE 111
 TAMPA FL 33685-1106
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/26/1994

4. FEI Number

59-3267277

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

9. Name and Address of Current Registered Agent

RILEY, STEVEN P
 3333 W HENDERSON BLVD SUITE 150
 SUITE 111
 TAMPA FL 33609

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 617.0502 and 617.1508, 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 617.0503, 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 CD
 NAME FOGARTY, MARK
 STREET ADDRESS 7202 BRANCHWOOD CT.
 CITY-ST-ZIP TAMPA FL

TITLE VD
 NAME FREDERICK, MIKE
 STREET ADDRESS 7502 ARMAND CIRCLE
 CITY-ST-ZIP TAMPA FL 33634

TITLE SD
 NAME SMITH, JOYCE
 STREET ADDRESS 7201 DAIQUIRI LANE
 CITY-ST-ZIP TAMPA FL 33634

TITLE D
 NAME KOSCSO, MARTIN E.
 STREET ADDRESS 8213 CRENSAW CR
 CITY-ST-ZIP TAMPA FL 33615

TITLE TD
 NAME GONZALEZ, JILL
 STREET ADDRESS 9003 HICKORY CIRCLE
 CITY-ST-ZIP TAMPA FL 33615

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

D **Frederick, Mike** ☒ Change ☐ Addition
7502 Armand Circle, Tampa, FL 33634

TD **George Lamoureux** ☐ Change ☒ Addition
5811 Memorial Hwy #202
Tampa, FL 33615

VD **Rock Roque** ☐ Change ☒ Addition
8508 Woodbridge Blvd
Tampa, FL 33615

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Joyce Smith** **JOYCE SMITH** 2/1/99 (813) 885-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)