

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

NON PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N90000004106
1. Corporation Name

TSIC, INC.

Principal Place of Business

50 N. Laura Street
Jacksonville, FL 32202

Mailing Address

50 N. Laura Street
Jacksonville, FL 32202

3. Date Incorporated or Qualified 08/28/1995
3a. Date of Last Report N/A

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3331584	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Country	29	30
24	25	29	30

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

RAX CO., a Florida corporation
c/o Mahoney Adams & Criser, P.A.
50 N. Laura Street, 3400 Barnett Center
Jacksonville, FL 32202

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pemberton, Donald P.	1.2 NAME	
STREET ADDRESS	50 N. Laura Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32202	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rice, Charles	2.2 NAME	
STREET ADDRESS	50 N. Laura Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32202	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Campbell, Kenneth B.	3.2 NAME	
STREET ADDRESS	50 N. Laura Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32202	3.4 CITY-ST-ZIP	
TITLE	D/S/T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duran, Roseann	4.2 NAME	
STREET ADDRESS	50 N. Laura Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32202	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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Q 5.1.96

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:

Kenneth B. Campbell

Kenneth B. Campbell

4/30/96

904-791-7518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City/State/Phone #