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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # N96000002569 (9)

1. Corporation Name

T.D.A.T.C., INC.

Principal Place of Business Mailing Address

314 Dixie St. PO BOX 638
CROSS CITY FL 32628 CROSS CITY FL 32628

2. Principal Place of Business 2a. Mailing Address

21 314 Dixie St. 26 P.O. Box 638

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Cross City, FL. 28 Cross City FL.

Zip Country Zip Country

24 32628 25 Dixie 29 Cross City 30 Dixie

3. Date Incorporated or Qualified 05/14/1996 3a. Date of Last Report

4. FEI Number Applied For
x59-3433491 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

TAYLOR, MARY R
410 FRANKLIN ST.
CROSS CITY FL

81 Name Willmonteen R. Smith
82 Street Address (P.O. Box Number is Not Acceptable)
314 Dixie St.
83 (mail) P.O. Box 638
84 City Cross City FL 85 Zip Code 32628

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 Willmonteen R. Smith Willmonteen R. Smith 3-17-97
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	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
D	LEWIS, HOSEA L	1713 NEEDLEWOOD LANE	ORLANDO FL 32818				
D	CHARLTON, LEE ANN	1211 W. 7TH ST.	LIVE OAK FL 32080				
D	PHILMORE, FELONZIE	1215 W. 7TH ST.	LIVE OAK FL 32080				
D	STOCKTON, GLORIA	504 WILSON ST.	LAKE CITY FL 32055				
D	REED, GEORGE JR	2535 HIDDEN VILLAGE DR. P. O. Box 16186 N	JACKSONVILLE FL 32216 Jacksonville, FL 32245				
D	GRAHAM, WEREBLEEN	2870 FRONTIER DR.	KISSIMEE FL 34744				

14. I do 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.

SIGNATURE Willmonteen R. Smith 3-17-97