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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002569 (9)

1. Corporation Name

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

Principal Place of Business

314 DIXIE STREET
CROSS CITY FL 32628

Mailing Address

PO BOX 638
CROSS CITY FL 32628



3. Date Incorporated or Qualified

05/14/1996

4. FEI Number

59-3433491

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. Is this nonprofit corporation a homeowners association?

☐

Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, WILL MONTEEN R
314 DIXIE STREET
CROSS CITY FL 32628

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LEWIS, HOSEA L
STREET ADDRESS 1713 NEEDLEWOOD LANE
CITY-ST-ZIP ORLANDO FL 32818 ☒ DELETE

1.1 TITLE D
1.2 NAME MALCOLM, W. R.
1.3 STREET ADDRESS 1581 BOULDERWOOD DR. S.E.
1.4 CITY-ST-ZIP ATLANTA, GA 30316 ☐ Change ☒ Addition

TITLE D
NAME CHARLTON, LEE ANN
STREET ADDRESS 1211 W. 7TH ST.
CITY-ST-ZIP LIVE OAK FL 32060 ☐ DELETE

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

TITLE D
NAME PHILMORE, FELONZIE
STREET ADDRESS 1215 W. 7TH ST.
CITY-ST-ZIP LIVE OAK FL 32060 ☐ DELETE

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

TITLE D
NAME STOCKTON, GLORIA
STREET ADDRESS 504 WILSON ST.
CITY-ST-ZIP LAKE CITY FL 32055 ☐ DELETE

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

TITLE D
NAME REED, GEORGE JR
STREET ADDRESS PO BOX 16186 NA
CITY-ST-ZIP JACKSONVILLE FL 32245 ☐ DELETE

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

TITLE D
NAME GRAHAM, WEREBLEEN
STREET ADDRESS 2870 FRONTIER DR.
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ DELETE

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

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.

SIGNATURE: *Will Monteen R. Smith* *Jul 1, 1998* 352-512-2417

CR2E037 (10/97)