

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90031 013 ****61.25

DOCUMENT # N96000002569

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

SMITH, WILLMONTEEN R
314 DIXIE STREET
CROSS CITY FL 32628

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 ☐ DELETE

TITLE D
NAME MALCOLM, W R
STREET ADDRESS 1581 BOULDERWOOD DR SE
CITY-ST-ZIP ATLANTA GA 30316

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☒ DELETE

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

TITLE D ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME D
Fews, Irene
P.O. Box 611
Perry, FL 32348

2.1 TITLE ☐ Change ☒ Addition

NAME D
Perkins, Maurice
505 Lafayette Ave.
Live Oak, FL 3206

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

WILLMONTEEN R. SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/99 (352) 498-1333

CR2E037 (11/98)