

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P15286

(8)

1. Corporation Name

TC RESIDENTIAL NORTH FLORIDA, INC.

Principal Place of Business

541 S ORLANDO AVE
STE 210
MAITLAND FL 32751
US

Mailing Address

541 S ORLANDO AVE
STE 210
MAITLAND FL 32751
US

2. Principal Place of Business

21 State

22 City & State

23 Zip

24

2a. Mailing Address

26 State

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

HEOKSEMA, DOUGLAS A
541 S ORLANDO AVE
STE 210
MAITLAND FL 32751

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 Section 607.02(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I, the undersigned, being duly sworn, depose and say that the above named corporation was authorized by the corporation's board of directors to file this statement and to appoint the above named agent. I am a duly sworn and qualified person in the State of Florida.

SIGNATURE

12.

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

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STREET ADDRESS

CITY, STATE, ZIP

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STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

13. NAME

14. NAME

15. NAME

16. NAME

17. NAME

18. NAME

19. NAME

20. NAME

21. NAME

22. NAME

23. NAME

24. NAME

25. NAME

26. NAME

27. NAME

28. NAME

14. I hereby certify that the information supplied in this statement is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and I am duly sworn and qualified in the State of Florida. I am filing this statement in compliance with the requirements of Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this statement.

Doug Hoeksema

Douglas Hoeksema

4/22/98

FILED
May 15 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1987

4. FEI Number

75-2162018

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

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

Yes No

10. Name and Address of New Registered Agent

CR2E034 (10/97)