

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

FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P23862** (6)  
1. Corporation Name  
**TCR NORTH FLORIDA APARTMENTS CONSTRUCTION, INC.**



Principal Place of Business  
**541 SOUTH ORLANDO AVE.  
SUITE 210  
MAITLAND FL 32751  
US**

Mailing Address  
**541 SOUTH ORLANDO AVE.  
SUITE 210  
MAITLAND FL 32751-5680  
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/13/1989</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>75-2268100</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>HOEKSEMA, DOUGLAS A 541 SOUTH ORLANDO AVE. SUITE 210 MAITLAND FL 32751</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PACE, RANDY J.</b>	1.2 NAME	
STREET ADDRESS	<b>717 N HARWOOD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOEKSEMA, DOUGLAS</b>	2.2 NAME	
STREET ADDRESS	<b>541 SOUTH ORLANDO AVE., #210</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAITLAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROW, HARLAN R.</b>	3.2 NAME	
STREET ADDRESS	<b>2001 ROSS AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHNSON, CORBIN W.</b>	4.2 NAME	<b>Robert W Gaherty</b>
STREET ADDRESS	<b>541 SOUTH ORLANDO AVE., #210</b>	4.3 STREET ADDRESS	<b>541 South Orlando #210</b>
CITY-ST-ZIP	<b>MAITLAND FL</b>	4.4 CITY-ST-ZIP	<b>Maitland, FL</b>
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TERWILLIGER, RONALD J.</b>	5.2 NAME	
STREET ADDRESS	<b>2830 PACES FERRY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

*Douglas Hoeksema*  
4/25/97 4679751120

CR2E034 (9/96)