

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 9:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P29782 (0)

1. Corporation Name

TOMLINSON DEVELOPMENT CORP. OF TEXAS

Principal Place of Business

**200 E. LAS OLAS BLVD.
SUITE 1400
FT. LAUDERDALE FL 33301
US**

Mailing Address

**200 E. LAS OLAS BLVD.
SUITE 1400
FT. LAUDERDALE FL 33301
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/15/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

75-1914828

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 has liability for intangible tax under S 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 **2101 W Commercial Blvd**

2a. Mailing Address

26 **2101 W Commercial Blvd**

Suite, Apt. #, etc.

22 **Suite 4100**

Suite, Apt. #, etc.

27 **Suite 4100**

City & State

23 **Fort Lauderdale, FL**

City & State

28 **Fort Lauderdale, FL**

Zip

24 **33309**

Country

25 **USA**

Zip

29 **33309**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**FORMAN, ROBERT S.
200 E. LAS OLAS BLVD.
SUITE 1400
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2101 W Commercial Boulevard

83 Suite 4100

84 City

Fort Lauderdale

FL

85 Zip Code

33309

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

Signature, typed or printed name of registered agent, and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVS**
NAME **TOMLINSON, HAROLD L.**
STREET ADDRESS **6200 NW 77TH CT.**
CITY - ST - ZIP **PARKLAND FL**

TITLE **TD**
NAME **TOMLINSON, HAROLD L.**
STREET ADDRESS **6200 NW 77TH CT.**
CITY - ST - ZIP **PARKLAND FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

**6701 NW 70 Place
Parkland, FL 33067**

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

**6701 N W 70 Place
Parkland, FL 33067**

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

4/6/95 (407) 368-0980

Date

Telephone Number