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95 MAY -1 PH 2: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P37614 (5)  
1. Corporation Name  
TSB, INC., A KANSAS CORPORATION

Principal Place of Business: % HOLLYWOOD BEACH RESORT HOTEL, 101 N. OCEAN DRIVE, HOLLYWOOD FL 33019  
Mailing Address: 6100 EAST 22ND STREET NORTH, BUILDING 500, WICHITA KS 67226

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 02/19/1992  
3a. Date of Last Report: 04/28/1994  
4. FEI Number: 48-1089592 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

9. Name and Address of Current Registered Agent  
SLOAN, TIMOTHY J.  
427 MCKENZIE AVENUE  
PANAMA CITY FL 32401

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 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 below of registered agent and filed agent also. (FEE) Registered Agent signature required when substituting. DATE

12. OFFICERS AND DIRECTORS	
TITLE	C
NAME	RUHFUS, ROLF
STREET ADDRESS	8100 EAST 22ND ST.
CITY ST ZIP	WICHITA KS
TITLE	VCV
NAME	ISAAC, B. ANTHONY
STREET ADDRESS	8100 EAST 22ND ST.
CITY ST ZIP	WICHITA KS
TITLE	D
NAME	MARVIN, DON R.
STREET ADDRESS	8100 EAST 22ND ST.
CITY ST ZIP	WICHITA KS
TITLE	P
NAME	DEPATIE, MICHAEL A.
STREET ADDRESS	304 MORNINGSIDE
CITY ST ZIP	SAN ANTONIO TX
TITLE	SD
NAME	BAKER, ROY R.
STREET ADDRESS	8100 EAST 22ND ST.
CITY ST ZIP	WICHITA KS
TITLE	D
NAME	HESS, J. DAVID
STREET ADDRESS	101 N. OCEAN DRIVE
CITY ST ZIP	HOLLYWOOD BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 as an attachment with an address.

SIGNATURE: *Roy R. Baker* Roy R. Baker 4/18/95 (316) 681-5107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type in 11 digits)