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Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000010919 (8)**

1. Corporation Name

TCA PROPERTIES, INC.



Principal Place of Business

**14320 N. BRUCE B. DOWNS BLVD.
TAMPA FL 33613**

Mailing Address

**14320 N. BRUCE B. DOWNS BLVD.
TAMPA FL 33613**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1992

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3154002

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

24

25

Country

29

Country

30

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**WOODROW, THOMAS W
14320 N BRUCE DOWNS BLVD
TAMPA FL 33613**

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	POPE, JAMES E	
STREET ADDRESS	14320 N. BRUCE B. DOWNS BLVD.	
CITY - ST - ZIP	TAMPA FL 33613	

TITLE	V	<input type="checkbox"/> DELETE
NAME	WOODROW, THOMAS W	
STREET ADDRESS	14320 N. BRUCE B. DOWNS BLVD.	
CITY - ST - ZIP	TAMPA FL 33613	

TITLE	S	<input type="checkbox"/> DELETE
NAME	MEDINA, ROBERTO P	
STREET ADDRESS	14320 N BRUCE NB DOWNS BLVD	
CITY - ST - ZIP	TAMPA FL	

TITLE	I	<input type="checkbox"/> DELETE
NAME	BERMAN, PETER	
STREET ADDRESS	14320 N BRUCE B DOWNS BLVD	
CITY - ST - ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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)(l), 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:

Thomas W Woodrow, MD

1/6/98 813-971-4544

CR2E034 (10/97)