

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90064 040 ***150.00

DOCUMENT # P92000010919

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

4. FEI Number
59-3154002

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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
R. Andrew Rock

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

**401 East Jackson Street
Suite 2500**

84 City
Tampa

FL

85 Zip Code
33602

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

R. Andrew Rock

R. Andrew Rock

1/1/99

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	T	<input checked="" 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	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James E. Pope	
1.3 STREET ADDRESS	14320 N. Bruce B. Downs Boulevard	
1.4 CITY-ST-ZIP	Tampa, Florida 33613	
2.1 TITLE	D, V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thomas W. Woodrow	
2.3 STREET ADDRESS	14320 N. Bruce B. Downs Boulevard	
2.4 CITY-ST-ZIP	Tampa, Florida 33613	
3.1 TITLE	D, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Roberto P. Medina	
3.3 STREET ADDRESS	14320 N. Bruce B. Downs Boulevard	
3.4 CITY-ST-ZIP	Tampa, Florida 33613	
4.1 TITLE	D, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hal J. Applebaum	
4.3 STREET ADDRESS	14320 N. Bruce B. Downs Boulevard	
4.4 CITY-ST-ZIP	Tampa, Florida 33613	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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, with all other like empowered.

SIGNATURE:

James E. Pope

President *2/10/99*

813-971-4544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0391353