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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000015289 (1)

1. Corporation Name

T-C TRANSCRIPTION INC.

Principal Place of Business

655 BRYN MAWR STREET
ORLANDO FL 32804
US

Mailing Address

655 BRYN MAWR STREET
ORLANDO FL 32804-4427
US



2. Principal Place of Business

4435 Edgewater Dr.

2a. Mailing Address

4435 Edgewater Dr.

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

Orlando FL

27. City & State

Orlando FL

23. Zip

32804

Country

Orange

28. Zip

32804

Country

Orange

9. Name and Address of Current Registered Agent

KOPEC, SUSAN L
630 HEATHERTON VILLAGE
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified

12/28/1992

3a. Date of Last Report

08/14/1996

4. FEI Number

59-3167422

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature of corporation, officer, director, agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

KOPEC, SUSAN L

STREET ADDRESS

630 HEATHERTON VILLAGE

CITY, ST, ZIP

ALTAMONTE SPRINGS FL 32714

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ 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

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan L. Kopec

3/6/97 407 293-8333

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CR2E034 (9/96)