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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000028045 (1) T.L.C. OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 21 1997 8:00am Secretary of State



\$293 ATLANTIC VIEW ST. AUGUSTINE FL 32084				5293 ATLANTIC VIEW ST. AUGUSTINE FL 32084-7145																
:										3.	3. Date Incorporated or Qualified					te of L  3/19	of Last Report /1996			
2. Principal Place of Business					2a. Mailing Address					4.	4. FEI Number 59-3188502					· · · · · ·	Applied For			
Suite, Apt. #, etc.				Suite. Apt. #, etc.						60						Not Applicable 8.75 Additional				
22				27					5.	. Certific	ate of St	atus D	esired	[				Additional iquired	Ì	
City & State	City & State				City & State						6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to F									
Zip 24	Country 25 9. Name and Address of Current				29 30			ountry			B. This corporation has liability for intangible tax under s. 199,032, Florida Statutes									
I ANA	81	Ne	me	10.	. Name	and Add	iress (	of New	Regis	tered A	gent									
LANE, TAMMY E. 5293 ATLANTIC VIEW																				
ST. AUGUSTINE FL 32084						82	Str	eet A	Address (P.O. Box Number is Not Acceptable)											
							83					~***********								
							84	Cit	у							FL	85	Zip (	Code	
11. Pursuant	to the provision	ons of Sections	607.0502 an	d 607.	.1508, Florida Sta	atutes. The	abovi	e-nar	ned o	orporalic	on submi	s this st	atemer	nt for t	he puri		chanc	aina it:	s registered	
office or re	egistered ago	ent, or both, in t	the State of F	torida.	Such change wa section 607.0505,	as authoria	red by	v the	corpo	oration's I	board of	director	s. I her	eby ac	ccept ti	he appo	ointme	nt as	registered	
SIGNATURE		·																		
Signature, lyried or printed name of registered agent  12. OFFICERS AND								ored Agent signature require			n reinstating ADDITIC		NOTO	TO 0		DATE OC. AND	DIDE	CIOD	CIN 10	ي إ-
TITLE	D	OFFIC	T U2 VIAD DI	ni On	DELETE	11	THILF		-1-		ADDITIC	NS/CITE	INGES	100	FFICE	13 AND			Addition	_   Š
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NAME : 10	11941					6.2	NAME		Ì											)
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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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.