

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000058840 (8)**

1. Corporation Name

TCB COMPOSITE COMPANY



Principal Place of Business

**6041 BARTHOLF AVE
SUITE 3
JACKSONVILLE FL 32210**

Mailing Address

**6041 BARTHOLF AVE
SUITE 3
JACKSONVILLE FL 32210**

3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3200194

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

10. Name and Address of New Registered Agent

**PRATHER, RAYMOND L
6041 BARTHOLF AVE
JACKSONVILLE FL 32210**

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, type or print name of registered agent and street address

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

**DPT
PRATHER, RAYMOND L
6041 BARTHOLF AVE
JACKSONVILLE FL**

1.2 NAME **DPT** ☒ Change ☐ Addition

1.3 STREET ADDRESS

6041 BARTHOLF AVE

1.4 CITY - ST - ZIP

JACKSONVILLE FL

2.1 TITLE ☐ DELETE

DV

2.2 NAME

PRATHER, JAMES

2.3 STREET ADDRESS

2020 SW G STREET

2.4 CITY - ST - ZIP

GRANTS PASS OR

3.1 TITLE ☒ DELETE

D

3.2 NAME

BROWN, DUANE L

3.3 STREET ADDRESS

22 WIDENER WAY

3.4 CITY - ST - ZIP

ORANGE PARK FL 32073

4.1 TITLE ☐ DELETE

D

4.2 NAME

WHEELCHILL, C. DAVIS III

4.3 STREET ADDRESS

9033 BAY COVE LANE

4.4 CITY - ST - ZIP

JACKSONVILLE, FL 32257

5.1 TITLE ☐ DELETE

D

5.2 NAME

RAYMOND L. PRATHER

5.3 STREET ADDRESS

6041 BARTHOLF AVE

5.4 CITY - ST - ZIP

JACKSONVILLE FL 32210

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)(k), 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:

Raymond L. Prather
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96 (904) 728-1477

Date

Day/Time Phone #

CR2E034 (12/95)