SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 25 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000013579 (5)**

1. Corporation Name
TMI, INC.

Principal Place of Business	Mailing Address
2133 INDIAN SPRINGS DR. JACKSONVILLE FL 32246	2133 INDIAN SPRINGS DR. JACKSONVILLE FL 32246

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 882 East Coast Dr.	26 882 East Coast Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Atlantic Beach FL	28 City & State: Atlantic Beach FL
24 Zip: 32233 25 Country: U.S.A	29 Zip: 32233 30 Country: USA

4. FEI Number: 59-3224278 ☐ 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
VLCEK, ALAN B 501 W. BAY STREET SUITE 250 JACKSONVILLE FL 32202	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 _____ DATE
(Signature, typed or printed name of registered agent, or title of an officer) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	President Hans Bosker The Netherlands	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Vice President/Secretary Sharon Powers 514 North St. Chagrin Falls OH 44022	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~Secretary~~ Director Rick Jordan 30 Choctaw St. Asheville, NC 28801	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Director Hanlan Schofield 8917 Fargo Rd. Richmond, VA 23229	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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)(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 the 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: Sharon Powers Sharon Powers 6/20/95 904-284-6082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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