

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

**APPROVED  
AND  
FILED**

95 MAY - 1 PH 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000030445 (8)**

1. Corporation Name  
**TLC OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business Mailing Address  
**P O BOX 150181 CAPE CORAL FL 33915**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/18/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
**21 1404 LAFAYETTE ST. 26 1404 LAFAYETTE ST.**

4. FEI Number **65-0495268** Applied For Not Applicable

22. State, Apt #, etc. **33A** 27. State, Apt #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. City & State **CAPE CORAL FL** 28. City & State **CAPE CORAL FLORIDA**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Zip **33904** 25. Country **USA** 29. Zip **33904** 30. Country **USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**TOPPEL, RHONDA  
5948 SW 1 AVE  
CAPE CORAL FL 33914**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code **FL**

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

12. OFFICERS AND DIRECTORS

12.1 NAME	<b>D TOPPEL, RHONDA</b>
12.2 STREET ADDRESS	<b>5948 SW 1ST AVE</b>
12.3 CITY & STATE	<b>CAPE CORAL FL 33914</b>
12.4 TITLE	
12.5 NAME	
12.6 STREET ADDRESS	
12.7 CITY & STATE	
12.8 TITLE	
12.9 NAME	
12.10 STREET ADDRESS	
12.11 CITY & STATE	
12.12 TITLE	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY & STATE	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY & STATE	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY & STATE	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. But I am permitted to file this report for the year or longer empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: **Rhonda Toppel** **RHONDA TOPPEL** **9-1-95** **542-7672**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR