FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 11 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000034847 (1)**

1. Corporation Name
TBT FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
7200 MIMOSA GROVE TRAILS WEST JACKSONVILLE FL 32210	7200 MIMOSA GROVE TRAILS WEST JACKSONVILLE FL 32210

3. Date Incorporated or Qualified: 05/05/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2639 Palmdale St.	26 2639 Palmdale St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: JAX. FLA.	28 City & State: JAX. FLA.
24 Zip: 32208 25 Country: DUVAL	29 Zip: 32208 30 Country: DUVAL

4. FEI Number: 59-323 9441 ☐ 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
TOLLIVER, ROY 7200 MIMOSA GROVE TRAILS WEST 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	TOLLIVER, ROY	12 NAME	
STREET ADDRESS	7200 MIMOSA GROVE TRAILS WEST	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	TOLLIVER, ROSA D	22 NAME	
STREET ADDRESS	7200 MIMOSA GROVE TRAILS WEST	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	TROWERS, ERNESTO R	32 NAME	
STREET ADDRESS	7984 SHIRCLIFF DR.	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	BURKETT, MELVIN	42 NAME	
STREET ADDRESS	4500 BAYMEADOWS RD., APT. 147	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	44 CITY-ST-ZIP	
TITLE		51 TITLE	D ☐ Change ☒ Addition
NAME		52 NAME	Robert Adams
STREET ADDRESS		53 STREET ADDRESS	4418 Williamsburgh Ave.
CITY-ST-ZIP		54 CITY-ST-ZIP	Jacksonville, Florida 32208
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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: Roy N. Toll Roy N. Tolliver 4/5/95 (904)768-1345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017078 CP