FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000034847 (1)**

1. Corporation Name

TBT FOUNDATION, INC.

Principal Place of Business

2639 PALMDALE ST
JACKSONVILLE FL 32208
US

Mailing Address

2639 PALMDALE ST
JACKSONVILLE FL 32208
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **05/05/1994**

3a. Date of Last Report: **04/11/1995**

4. FEI Number: **59-3239441** 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

TOLLIVER, ROY
7200 MIMOSA GROVE TRAILS WEST
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.1509, 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 my position, Section 607.0505, Florida Statutes.

SIGNATURE: Roy H. Tolliver President

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	TOLLIVER, ROY	
STREET ADDRESS	7200 MIMOSA GROVE TRAILS WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DS	☐ DELETE
NAME	TOLLIVER, ROSA D	
STREET ADDRESS	7200 MIMOSA GROVE TRAILS WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DV	☑ DELETE
NAME	TROWERS, ERNESTO R	
STREET ADDRESS	7964 SHIRCLIFF DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DT	☐ DELETE
NAME	BURKETT, MELVIN	
STREET ADDRESS	4500 BAYMEADOWS RD., APT. 147	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	☐ DELETE
NAME	ROBERT ADAMS	
STREET ADDRESS	4418 WILLIAMSBURG AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), Florida Statutes. I further certify that the information indicated on this annual report, 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 any attachment with an address.

SIGNATURE: Roy H. Tolliver Roy H. Tolliver Pres 4/27/96 768-1345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)