

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 # P94000043996 (5)

1. Corporation Name

TNT/CHILDERS (U.K.), INC.



Principal Place of Business

1074 SPANISH RIVER ROAD
BOCA RATON FL 33432

Mailing Address

1074 SPANISH RIVER ROAD
BOCA RATON FL 33432

3. Date Incorporated or Qualified
06/13/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 7005 SHANNON WILLOW ROAD

2a. Mailing Address
26 7005 SHANNON WILLOW ROAD

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State
23 CHARLOTTE, NC

City & State
28 CHARLOTTE, NC

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

Zip Country
24 28226 25 USA

Zip Country
29 28226 30 UNITED STATES

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

CHILDERS, BILLY E
1074 SPANISH RIVER ROAD
BOCA RATON FL 33432

81 Name
BILL S. CHILDERS

82 Street Address (P.O. Box Number is Not Acceptable)
963 EVE STREET

83

84 City
DELRAY BEACH

FL 85 Zip Code
33483

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

Bill Childers
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME CHILDERS, BILLY S
STREET ADDRESS 963 EVE ST.
CITY-ST-ZIP BOCA RATON FL 33483

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME CHILDERS, BILL S.
1.3 STREET ADDRESS 963 EVE STREET
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE D ☐ DELETE
NAME CHILDERS, JOANN S
STREET ADDRESS 1074 SPANISH RIVER ROAD
CITY-ST-ZIP BOCA RATON FL 33432

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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:

Joann Childers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 1996 (704)544-1072

Date

Daytime Phone #

CR2E034 (12/95)