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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:27

DOCUMENT # P94000046735 (4)

1. Corporation Name

TCD, INC.

Principal Place of Business

ROUTE 2, BOX 121-C
GREENVILLE FL 32331

Mailing Address

ROUTE 2, BOX 121-C
GREENVILLE FL 32331

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 ROUTE 2

26 ROUTE 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BOX 121-M

27 BOX 121-M

City & State

City & State

23 GREENVILLE

28 GREENVILLE

Zip

Country

Zip

Country

24 32331

25

FL

29 32331

30

FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENSON, ALBERT C
701 E. TENNESSEE STREET
TALLAHASSEE FL 32308

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME AVANZINI, ANDREA
STREET ADDRESS ROUTE 2, BOX 121-C
CITY- ST- ZIP GREENVILLE FL 32331

1.1 TITLE P/D/T
1.2 NAME AVANZINI ANDREA
1.3 STREET ADDRESS ROUTE 2, Box 121-M
1.4 CITY- ST- ZIP GREENVILLE FL 32331

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 Sections 110.07(1)(b), 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. I am an officer or director of the corporation or the regular 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 of this report, or on an attachment with an address.

SIGNATURE:

(ANDREA AVANZINI)

2/3/95

(904)-937-0036