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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 AM 8:39

DOCUMENT # **P94000059660 (8)**

1. Corporation Name
TCI MANAGEMENT CO.

Principal Place of Business	Mailing Address
100 SECOND AVE S 12TH FLOOR ST PETERSBURG FL 33701	100 SECOND AVE S 12TH FLOOR ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 4000 E. SOUTHPORT RD
Suite, Apt. #, etc.: 22 SUITE 120
City & State: 23 INDIANAPOLIS IN.
Zip: 24 46237 Country: 25 U.S.A.

2a. Mailing Address
26 4000 E. SOUTHPORT RD
Suite, Apt. #, etc.: 27 SUITE 120
City & State: 28 INDIANAPOLIS IN.
Zip: 29 46237 Country: 30 U.S.A.

4. FEI Number: 59 - 326 - 3008 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X $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 X No

9. Name and Address of Current Registered Agent

ULRICH, ROBERT L
100 SECOND AVE S 12TH FLOOR
ST PETERSBURG FL 33701

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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ULRICH, ROBERT L	12 NAME	
STREET ADDRESS	215 26TH AVE N	13 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33704	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	NASH, BRUCE J	22 NAME	NASH BRUCE J.
STREET ADDRESS	5254 VENICE WAY NE	23 STREET ADDRESS	4000 E. SOUTHPORT RD, SUITE 120
CITY-ST-ZIP	ST PETERSBURG FL 33703	24 CITY-ST-ZIP	INDIANAPOLIS, IN 46237
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
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 above or on an attachment with an address.

SIGNATURE: B.J. Nash BRUCE J. NASH 1-9-95 317 926 6051
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0305277 CP