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 # **P94000072375 (6)**

1. Entity Name

T.C.B. INFORMATION SERVICES, INC.

Principal Address

13968 W. HILLSBOROUGH AVENUE
SUITE 128
TAMPA FL 33635
US

Mailing Address

13968 W. HILLSBOROUGH AVENUE
SUITE 128
TAMPA FL 33635
US

2. Principal Place of Business
21
22
23
24

2a. Mailing Address
26
Street Address
27
City-State-Zip
28
Zip
29
County
30

3. Date Incorporated or Qualified: **10/03/1994**

3a. Date of Last Report: **06/27/1995**

4. FEI Number: **59-3253126** — Applied For / Not Applicable

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

6. Electoral 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

BLACK, ANTHONY K
7028 W WATERS AVE
SUITE 128
TAMPA FL 33634

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 607.0505, 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. The above-named corporation has been informed by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position as registered agent under Florida Statutes.

12. OFFICER AND DIRECTOR DATA

DP
SULLIVAN, LARRY
13968 W. HILLSBOROUGH AVE.
TAMPA FL

DST
SULLIVAN, LESLIE
13968 W. HILLSBOROUGH AVENUE
TAMPA FL

DV
SULLIVAN, VALERIE
13968 W. HILLSBOROUGH AVENUE
TAMPA FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (FILE)

☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental 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 with an address.

SIGNATURE: [signature] 1-23-96 813-884-1820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)