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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P94000085342 (1)

1. Corporation	Name	•	•	}	
TTI HOI	LDINGS, INC.				
Principal Place	of Business	Maling Address			IS 80(II) 00401 10198 01100 1151) \$1019 1101 (\$01
5205 ADAMO DR TAMPA FL 33619		5205 ADAMO DR TAMPA FL 33619			
				3. Date Incorporated or Qualified	· 1
9 Principal Pla	aco of Punipaca	2a. Mailing Address		11/23/1994 4. FEI Number	05/01/1995
2. Principal Place of Business 21		26 26		59-3283502	Applied For Not Applicable
Suite, Apt. #, etc.		· · · • · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		\$9.75 Additional
22		27	27		Fee Required
Crty & State		City & State	City & State		\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for	_
24	9. Name and Address of Curre	29	[30]	<u> </u>	es No
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New	negistereo Agent
DII OED	MOUELE				
PILGER, MICHELE A			82 Street A	Address (P.O. Box Number is Not Accepta	able)
5205 ADAMO DR TAMPA FL 33619			83		
INMICA	L 33019				
			84 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above named co	rporation submits this statement for the p	urpose of changing its registered office
or registeri familiar wit	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	uda. Such change was authorization 607.0505. Florida Statutes	red by the corporation's s	board of directors. Thereby accept the ap	pointment as registered agent. I am
SIGNATURE	,				
	Signature, typed or printed name of registered age		TE Rugstered Age it signature re	aured when renothing:	DAIF
12.	OFFICERS AT	ND DIRECTORS	13.	ADDITIONS CHANGES TO OF	FIGERS AND DIRECTORS IN 12
TIFLE	,	☐ DELETE	1 1 TITLE		Change Addition
NAME	REED, CALVIN H 5205 ADAMO DR		1 2 NAME		
STREET ADDRESS	TAMPA FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DECETE	1.4 CITY - ST - ZiP 2 1 TILLE		Change Addition
NAME	REED, JOHN S		2.2 NAMÉ		
STREET ADDRESS	5205 ADAMO DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33819		2 4 CITY - ST - ZIP		
TITLE	D	DELETE	3 1 7 11 6		Change Addition
NAME	REED, CHARLOTTE P		3.2 NAME		
STREET ADDRESS	5205 ADAMO DR		3.3 STREET ADDRESS		
C(TY - ST - ZIP	TAMPA FL 33619		3.4 CHTY - ST - ZIP		
TITLE	V	DELETE	4 1 TifLE		Change 🔲 Addition
NAME	NEWLIN, DAVID E.		4.2 NAME		
STREET ADDRESS	5205 ADAMO DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	E Delete	4 4 CITY - ST - ZiP		COnservation Indiana
TITLE	TS NICHELLE A	DELETE.	5 1 TITLE	Acces datains 4	Charge 🔲 Addition
NAME CORRECT ADDRESS	PKGER, MICHELLE A. 5205 ADAMO DRIVE		5.2 NAME	OILGER, MICHELE A.	
STREET ADDRESS	TAMPA FL		53 STHEET ADDRESS		
CITY-ST-ZIP TITLE	IOMED IL	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		<u></u>	6.2 NAME		2 2 30
STREET ADDRESS			6 3 STREE! ADDRESS		
CITY-ST-ZIP			6.4 CHY+ST ZIP		
	y certify that the information supplied	with this filing is voluntarily fun		by for the exemption stated in Section 11	9 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: _

MICHELE A. PILGER SEC/TREAS 3/14/96 (813)623-2675