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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000010891 (6) DOCUMENT # Corporation Name TDC WAREHOUSING, INC. Principal Place of Business Mailing Address 4301 FORTUNE PARK 4301 FORTUNE PARK MELBOURNE FL 32901 MELBOURNE FL 32901 3. Date Incorporated or Qualified 3a. Date of Last Report 02/06/1995 Applied For Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s 199.032, ☐ Yes ☐ No Florida Statutes 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agen 81 Name Street Address (P.O. Box Number is Not Acceptable) DETTMER, DALE A 82 780 S. APOLLO BLVD. 83 **MELBOURNE FL 32901** City 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 aignature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1. 1 TITLE TILLE 1.2 NAME 280 North Dr. Me Melbourne, 1-1 3293 NAME DENEEN, THOMAS 1.3 STREET ADDRESS **4301 FORTUNE PARK** STREET ADDRESS MELBOURNE FL 32901 1.4 City - ST - ZiP CITY-ST-ZIF Addition □ DELETE 280 North Dr Mc/bourne, Fl 329 2.1 TITLE TITLE 2.2 NAME ASTOLFI, DAVID P NAME **4301 FORTUNE PARK** 2.3 STREET ADDRESS STREET ADDRESS 24 CHTY-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP ☐ Addition DELETE 3 1 TITLE TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 DITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 5 1 TITLE TIFLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change ■ Addition DELETE 6. 1 TITLE THILE 6.2 NAME NAME

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). Fiorida 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 empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if of attachment with an address

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

HE OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)