## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 14 1998 8:00am

Secretary of State

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Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000010891 (6)

TDC WAREHOUSING, INC.

| Principal Place of Business Mailing Address                                                                                                                                                                                                         |                                                 |                                |                                       |               |              | r and trans and annual matter mater mater and it dotter that the time that                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------|---------------------------------------|---------------|--------------|---------------------------------------------------------------------------------------------|
| 280 NORTH DR 280 NORTH DR                                                                                                                                                                                                                           |                                                 |                                |                                       |               |              |                                                                                             |
| MELBOURNE FL 32934                                                                                                                                                                                                                                  |                                                 |                                | MELBOURNE FL 32934                    |               |              | DO NOT WRITE IN THIS SPACE                                                                  |
| US                                                                                                                                                                                                                                                  |                                                 | US                             |                                       |               |              | 3. Date Incorporated or Qualified                                                           |
|                                                                                                                                                                                                                                                     |                                                 |                                |                                       |               |              | 02/06/1995                                                                                  |
| 2. Principal F                                                                                                                                                                                                                                      | Place of Business                               | 2a. Mailing Addre              | ess                                   |               |              | 4. FEI Number Applied For                                                                   |
| 21                                                                                                                                                                                                                                                  |                                                 | 26                             | 26                                    |               |              | <b>59-3293373</b> Not Applicable                                                            |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                 |                                                 | Suite, Apt. #,                 | Suite, Apt. #, etc.                   |               |              | 5 Cartificate of Status Desired \$8.75 Additional                                           |
| 22                                                                                                                                                                                                                                                  |                                                 | 27                             | · · · · · · · · · · · · · · · · · · · |               |              | Fee Required                                                                                |
| City & State                                                                                                                                                                                                                                        |                                                 | City & State                   | City & State                          |               |              | 6. Election Campaign Financing \$5.00 May Be                                                |
| 23                                                                                                                                                                                                                                                  |                                                 | 28                             | 1 6                                   |               |              | Trust Fund Contribution Added to Fees                                                       |
| Zip                                                                                                                                                                                                                                                 | Country                                         | Zip                            | — — · · ·                             | ountry        |              | 8. This corporation owes or has paid the current year Intangible                            |
| 24                                                                                                                                                                                                                                                  | 25<br>D. Name and Address of Curi               | 29 rent Registered Agent       | [30]                                  | Т             |              | Personal Property Tax due June 30.  Y Yes  No  10. Name and Address of New Registered Agent |
|                                                                                                                                                                                                                                                     |                                                 | ioni nagistarati Agont         | ·                                     | 81            | Name         |                                                                                             |
|                                                                                                                                                                                                                                                     | DENEEN, THOMAS                                  |                                |                                       |               |              |                                                                                             |
|                                                                                                                                                                                                                                                     | IO NORTH DRIVE                                  |                                |                                       | 82 Street Add |              | Address (P.O. Box Number is Not Acceptable)                                                 |
| MI                                                                                                                                                                                                                                                  | ELBOURNE FL 32934                               |                                |                                       | 83            |              | 4                                                                                           |
|                                                                                                                                                                                                                                                     |                                                 |                                |                                       |               |              |                                                                                             |
|                                                                                                                                                                                                                                                     |                                                 |                                |                                       | 84            | City         | FL 85 Zip Code                                                                              |
| 11. Pursuant                                                                                                                                                                                                                                        | to the provisions of Sections 607.0             | 0502 and 607 1508. Florid      | a Statutes, the                       | abovo         | -named       | corporation submits this statement for the purpose of changing its registered               |
| office or                                                                                                                                                                                                                                           | registered agent, or both, in the Sta           | ate of Florida, Such chan      | go was authoriz                       | ed by         | the corp     | poration's board of directors. I hereby accept the appointment as registered                |
|                                                                                                                                                                                                                                                     |                                                 |                                |                                       |               |              |                                                                                             |
| SIGNATURE                                                                                                                                                                                                                                           | Signature, Typed or prietral name of registered | agent and little if applicable | (NOTE Register                        | red Ago       | nt signature | e reouired when reinstating) DATE                                                           |
| 12.                                                                                                                                                                                                                                                 | OLLICERS A                                      | AND DIRECTORS                  | 13                                    |               |              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                           |
| TITLE                                                                                                                                                                                                                                               | DP                                              | ☐ DE                           | LETE 1.1                              | TITLE         | T            | Change Addition                                                                             |
| NAME                                                                                                                                                                                                                                                | DENEEN, THOMAS                                  |                                | 1.2                                   | NAME          |              |                                                                                             |
| STREET ADDRESS                                                                                                                                                                                                                                      | 280 NORTH DR                                    |                                | 1.3                                   | STREET        | ADDRESS      |                                                                                             |
| CITY-ST-ZIP                                                                                                                                                                                                                                         | MELBOURNE FL                                    |                                | 1.4                                   | CITY-5        | T - ZIP      |                                                                                             |
| TITLE                                                                                                                                                                                                                                               | DVP                                             | ☐ DE                           | LETE 2.1                              | TITLE         |              | Change Addition                                                                             |
| NAME                                                                                                                                                                                                                                                | ASTOLFI, DAVID P                                |                                | 2.2                                   | NAME          |              |                                                                                             |
| STREET ADDRESS                                                                                                                                                                                                                                      | 280 NORTH DR                                    |                                | 2.3                                   | STREET        | ADDRESS      | į,                                                                                          |
| CITY-ST-ZIP                                                                                                                                                                                                                                         | MELBOURNE FL                                    |                                |                                       | CITY - S      | T-21P        |                                                                                             |
| TITLE                                                                                                                                                                                                                                               | DVP                                             | □ DE                           | LETE 3.1                              | TITLE         |              | Change Addition                                                                             |
| NAME                                                                                                                                                                                                                                                | DENEEN, CLAUDIA                                 |                                | 3.2                                   | NAME          |              |                                                                                             |
| STREET ADDRESS                                                                                                                                                                                                                                      | 280 NORTH DR                                    |                                | 3.3                                   | STREET        | ADDRESS      |                                                                                             |
| CITY-ST-ZIP                                                                                                                                                                                                                                         | MELBOURNE FL                                    |                                |                                       | CITY-S        | T-ZIP        |                                                                                             |
| TITLE                                                                                                                                                                                                                                               |                                                 | □ DE                           |                                       | TITLE         |              | Change Addition                                                                             |
| NAME                                                                                                                                                                                                                                                |                                                 |                                |                                       | NAME          |              |                                                                                             |
| STREET ADDRESS                                                                                                                                                                                                                                      |                                                 |                                | 4.3                                   | STREET        | ADORESS      |                                                                                             |
| CITY-ST-ZIP                                                                                                                                                                                                                                         |                                                 |                                |                                       | CITY - S      | 1 - ZIP      |                                                                                             |
| TITLE                                                                                                                                                                                                                                               |                                                 | L DE                           |                                       | TITLE         |              | Change Addition                                                                             |
| NAME                                                                                                                                                                                                                                                |                                                 |                                |                                       | NAME          |              |                                                                                             |
| STREET ADDRESS                                                                                                                                                                                                                                      |                                                 |                                |                                       |               | ADDRESS      |                                                                                             |
| CITY-ST-ZIP                                                                                                                                                                                                                                         | <u> </u>                                        |                                |                                       | CITY-S        | T - ZIP      |                                                                                             |
| TITLE                                                                                                                                                                                                                                               |                                                 | ☐ DĒ                           |                                       | TITLE         |              | ☐ Change ☐ Addition                                                                         |
| NAME                                                                                                                                                                                                                                                |                                                 |                                |                                       | NAME          |              |                                                                                             |
| STREET ADDRESS                                                                                                                                                                                                                                      |                                                 |                                |                                       |               | ADDRESS      |                                                                                             |
| CITY-ST-ZIP                                                                                                                                                                                                                                         | corting that the information consider           | Lusth this blue door set       |                                       | City-S        |              |                                                                                             |
| indicated                                                                                                                                                                                                                                           | Lon this annual report or suppleme              | utal annual report is true.    | and accurate a                        | nd tha        | at my sior   | onature shall have the same legal effect as if made under oath; that I am an                |
| officer or director of the corporation of the receiver or trustee empowered to a recute 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. |                                                 |                                |                                       |               |              |                                                                                             |
| DROCK 12 OF DISCONTO IT CHANGES, OF OIL ATTACHMENT WITH ALL ACCOUNTS.                                                                                                                                                                               |                                                 |                                |                                       |               |              |                                                                                             |