

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

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000019865 (1)

1. Corporation Name
95 TCI, INC.



Principal Place of Business
150 SECOND AVENUE NORTH
SUITE 800
ST. PETERSBURG FL 33701

Mailing Address
150 SECOND AVENUE NORTH
SUITE 800
ST. PETERSBURG FL 33701-3341

Acct. 2985000019 SP

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1995		3a. Date of Last Report 01/30/1996	
21		26		4. FEI Number 59-3312856		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ULRICH, KURTIS G
150 SECOND AVE NORTH
SUITE 800
ST. PETERSBURG FL 33701

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 G K Ulrich
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRIFFIN, MARC L			1.2 NAME			
STREET ADDRESS	6450 QUAIL CREEK BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN 46237			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERR, KENT R			2.2 NAME			
STREET ADDRESS	2901 60TH AVENUE SOUTH			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33712			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUBBLE, WILLIAM F			3.2 NAME			
STREET ADDRESS	6246 DESCO			3.3 STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX 75225			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRITCHARD, HOWARD M			4.2 NAME			
STREET ADDRESS	163 CHUMILOTTI WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	LOUDEN TN 37774			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ULRICH, G K			5.2 NAME			
STREET ADDRESS	501 31ST AVENUE NORTH			5.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33704			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

CR2E034 (9/96)