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**

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1. Corporation N			-	

P95000035979 (0)

T.S.D. INC.

Principal Place	e of Business	M	ailing Address	·—·—·		·					
5923 TRA	JLWOOD DR. JANGE FL 32127	. 91	5923 TRAILWOOD DE PORT ORANGE FL 32								
								 Date Incorporated or Qualifity 05/08/1995 	ed 3a. Da	te of Last F	Report
	lace of Business		Mailing Address					4. FEI Number			Applied For
21 Cuito Ant	# oto	26	0:4:4					59- <i>331709</i>	え		Not Applicable
Suite Apt.	*, etc.	27	Suite, Apt. #, etc.					5. Certificate of Status Desired	, [Additional
City & Stat	9		Crty & State					6. Election Campaign Financin		· · · · · ·	Required
23		28	Ony a Otalo					Trust Fund Contribution	g 🔲		0 May Be d to Fees
Zip	Country		Zip	Cou	intry			8. This corporation has liability	for intendible :		
24	25	29		30					Yos No	an arragi o	100.0021
	9. Name and Address of Curr	ent Regis	tered Agent			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	0. Name and Address of Ne		Agent	
					81	Name					• • • • • • • • • • • • • • • • • • • •
	NE, TERRY				82	Street	Address	(P.O. Box Number is Not Acce	ntable)		
	TRAILWOOD DR.					5001	. 1441000	DON HOLLIOOF TO MOU MOUN	padioj		
PORT	ORANGE FL 32127				83						
					84	City				85 Z	p Code
					1	•			FL	_	
OF TEGISTER	to the provisions of Sections 607.05 red agent, or both, in the State of Flith, and accept the obligations of, Se	onda. Sucr	i change was authorize	d by the o	corpo	oration's	board of	directors. I hereby accept the	appointment a	anging its i 3 registered	registered office Lagent, Lam
SIGNATURE	Signature, typed or printed name of registered ag	 instand their a	nppheable (NOT)	Registered	l Ageni	l signature re	required who	n reinstating)	DATE		
12.	OFFICERS A	ND DIREC	TORS	13.				ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	PRS IN 12
TITLE	D		☐ DELETE	1.17	ITLE					Change	Addition
NAME	DEVINE, TERRY			1.2 N/	AME						
STREET ADDRESS	5923 TRAILWOOD DR.			1.3 ST	TREET	ADDRESS					
CITY-ST-ZIP	PORT ORANGE FL 3212				IY-S	T- ZIP					
TITLE			☐ DELETE	2. 1 T.			V. M	RESIDENT	1	Change	Addition
NAME				2.2 N			3 D	ないしょう しゃんふん			
STREET ADDRESS				0.000		ADDDECO		CALLE TOTAL			
CITY-ST-ZIP TITLE	i					ADDRESS	593	3 TRAILWOOD 1)R	٦.	
NAME			- Politic	2 4 CI	TY-SI	T-ZIP	593 Par	3 TRAILWOOD 1 DRANGE, FZ	DR. 32-12-	<u> </u>	
STREET ADDRESS			☐ DELETE	2.4 C)	ITY-SI	ADDRESS	593 Por	EVINE, JEAN 13 FRAILWOOD 1 1 ORANGE, FR	3212	Change	☐ Addition
STREET AUDRESS			☐ DELETE	2.4 C) 3. 1 T) 3.2 N/	ITY-SI IILE AME		593 Por	ORANGE, FE	DR. 3212	Change	☐ Addition
			☐ DELETE	24 C) 3.1 T) 32 N/ 33 S	ITY-ST TILE AME TREET	ADDRES\$	593 Por	ORANGE, FR	3212	Change	Addition
CITY-ST-ZIP				24 CI 3. 1 TI 32 N/ 33 S 34 CI	ITY-SI IILE AME THEET TY-SI	ADDRES\$	593 Por	ORANGE, FZ		Unange	
CITY-ST-ZIP TITLE			☐ DELETE	24 CI 3.1 TI 32 N/ 33 S 34 CI 4.1 TI	ITY-ST THEET THEET TY-SI	ADDRES\$	593 Por	ORANGE, FR		Change	Addition Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ DELETE	24 CI 3. 1 TI 32 N/ 33 S 34 CI 4. 1 TI 4.2 N/ 4 3 ST 4.4 CI	ITY-SI ITLE THEET ITY-SI ITLE AME IREET IY-SI	ADDRESS I-ZIP ADDRESS	593 Par	ORANGE, FR		Change	Addition
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CITY - ST - ZIP TITLE MAME STREET ADDRESS CITY - ST - ZIP TITLE NAME			□ DELETE	24 CI 3.1 TI 32 NA 33 S 34 CI 4.1 TI 42 NA 43 ST 44 CI 5 1 TI 52 NA	TY-ST THEET THEET TY-ST THEET TY-ST THEE THEET	ADDRESS 1- Z:P ADDRESS 1- ZIP	593 Por	13 FRAILWOOD 1 ORANGE, FR		Change	Addition
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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). 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: X JOHN JOHN OF PRINTED NAME OF SIGNING OFFICE OF DIRECTORY 5. DEVING 4-28-96 904-767-

6.3 STREET ADDRESS

6.4 CHTY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP