

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000036087 (1)

1. Corporation Name
TLS DRAFTING SERVICES, INC.



Principal Place of Business: **8170 CAYUGA TRAIL W. JACKSONVILLE FL 32244**
Mailing Address: **8170 CAYUGA TRAIL W. JACKSONVILLE FL 32244**

| | | | | | |
|--------------------------------|-------------|------------------------|-------------|---|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/01/1995 | 3a. Date of Last Report |
| 21 | | 26 | | 4. FEI Number 59-3315281 | Applied For Not Applicable |
| 22. Suite, Apt #, etc. | | 27. Suite, Apt #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|--|------------------------|
| 9. Name and Address of Current Registered Agent SUMROW, THOMAS L 8170 CAYUGA TRAIL W. JACKSONVILLE FL 32244 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 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 _____ (NOTE: Registered Agent signature required when resigning)

| | | | | | | | |
|----------------------------|------------------------------|---------------------------------|--|---|-------------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 11. TITLE | P/D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SUMROW, THOMAS L | | | 12. NAME | | | |
| STREET ADDRESS | 8170 CAYUGA TRAIL W. | | | 13. STREET ADDRESS | | | |
| CITY - ST - ZIP | JACKSONVILLE FL 32244 | | | 14. CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 21. TITLE | S/T | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | | 22. NAME | SUMROW, Kathryn S. | | |
| STREET ADDRESS | | | | 23. STREET ADDRESS | 8170 Cayuga Trail W. | | |
| CITY - ST - ZIP | | | | 24. CITY - ST - ZIP | JACKSONVILLE, FL 32244 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 31. TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 32. NAME | | | |
| STREET ADDRESS | | | | 33. STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 34. CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 41. TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 42. NAME | | | |
| STREET ADDRESS | | | | 43. STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 44. CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 51. TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 52. NAME | | | |
| STREET ADDRESS | | | | 53. STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 54. CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 61. TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 62. NAME | | | |
| STREET ADDRESS | | | | 63. STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 64. CITY - ST - ZIP | | | |

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas L. Sumrow* 6-24-96 904-777-2906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS L. SUMROW

CR2E034 (3/96)