

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

FILED

**Mar 27 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 # P95000036087 (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 32244-5431**

| | | | |
|--------------------------------|-------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 05/01/1995 | 3a. Date of Last Report 07/01/1996 |
| 21. State, Apt. #, etc. | 26. State, Apt. #, etc. | 4. FEI Number 59-3315281 | Applied For Not Applicable |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Country | 29. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|--|--|------------------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| SUMROW, THOMAS L 8170 CAYUGA TRAIL W. JACKSONVILLE FL 32244 | | 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 607.1506, 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 understand with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| 12.1 NAME | PD SUMROW, THOMAS L 8170 CAYUGA TRAIL W. JACKSONVILLE FL | 13.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.2 STREET ADDRESS | ST | 13.2 NAME | |
| 12.3 CITY - ST - ZIP | JACKSONVILLE FL | 13.3 STREET ADDRESS | |
| 12.4 TITLE | <input type="checkbox"/> DELETE | 13.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.5 NAME | SUMROW, KATHRYN S 8170 CAYUGA TRAIL W JACKSONVILLE FL | 13.5 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.6 STREET ADDRESS | | 13.6 NAME | |
| 12.7 CITY - ST - ZIP | | 13.7 STREET ADDRESS | |
| 12.8 TITLE | <input type="checkbox"/> DELETE | 13.8 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.9 NAME | | 13.9 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.10 STREET ADDRESS | | 13.10 NAME | |
| 12.11 CITY - ST - ZIP | | 13.11 STREET ADDRESS | |
| 12.12 TITLE | <input type="checkbox"/> DELETE | 13.12 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.13 NAME | | 13.13 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.14 STREET ADDRESS | | 13.14 NAME | |
| 12.15 CITY - ST - ZIP | | 13.15 STREET ADDRESS | |
| 12.16 TITLE | <input type="checkbox"/> DELETE | 13.16 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.17 NAME | | 13.17 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.18 STREET ADDRESS | | 13.18 NAME | |
| 12.19 CITY - ST - ZIP | | 13.19 STREET ADDRESS | |
| 12.20 TITLE | <input type="checkbox"/> DELETE | 13.20 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the filer, 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas L. Sumrow* (904) 777-2906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (9/96)