

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070143

1. Entity Name
T & C HOLDING, INC.Principal Place of Business
2878 GREEN ST
SUITE 213
MARIANNA FL 32446Mailing Address
1610 TENNESSEE AVE
LYNN HAVEN FL 32444
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3334235

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TILLMAN, FRANK A
1610 TENNESSEE AVENUE
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name

Jean F. TILLMAN

Street Address (P.O. Box Number is Not Acceptable)

1610 Tennessee Avenue

City

Lynn Haven

FL

Zip Code

32444

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Jean F. Tillman

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/03/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete
NAME TILLMAN, FRANK
STREET ADDRESS 1610 TENNESSEE AVE
CITY-ST-ZIP LYNN HAVEN FL 32444TITLE D Change Addition
NAME Jean F. TILLMAN
STREET ADDRESS 1610 Tennessee Avenue
CITY-ST-ZIP Lynn Haven, Fl. 32444TITLE D Delete
NAME COWEN, BOBBY
STREET ADDRESS 2756 INDIAN SPRINGS RD
CITY-ST-ZIP MARIANNA FL 32446TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jean F. Tillman

4/03/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

009996 AV

CR2E034 (9/01)