

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90119 014 ***168.75

DOCUMENT # **P95000077830**

1. Corporation Name
TMC ETHOS, INC.

Principal Place of Business
**7000 LAKE ELENOR
122
ORLANDO FL 32809**

Mailing Address
**221 HARTWIG COURT
ORLANDO FL 32824**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **9460 Delegates Drive**
Suite, Apt #, etc.
22
City & State
23 **Orlando, FL**
Zip Country
24 **32837 USA**

2a. Mailing Address
26 **9460 Delegates Dr**
Suite, Apt #, etc.
27
City & State
28 **Orlando, FL**
Zip Country
29 **32837 USA**

3. Date Incorporated or Qualified
10/11/1995

4. FEI Number
59-3339652

5. Certificate of Status Desired **X** **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**WEBSTER, WILLIAM G
221 HARTWIG COURT
ORLANDO FL 32824**

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P WEBSTER, WILLIAM G.**
STREET ADDRESS **221 HARTWIG COURT**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ DELETE
NAME **VP WEBSTER, TAMI SUE**
STREET ADDRESS **221 HARTWIG COURT**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition
21 NAME
22 STREET ADDRESS
23 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition
41 NAME
42 STREET ADDRESS
43 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition
51 NAME
52 STREET ADDRESS
53 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition
61 NAME
62 STREET ADDRESS
63 CITY-ST-ZIP

14. 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 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, with all other like empowered

SIGNATURE:

William Webster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

407-855-4321
DATE DAYTIME PHONE #

CR2E034 (1/98)