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4/29/96

FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS FROM: POLEY & LARDNER
DEPARTMENT OF STATE 200 LAURA ST
STATE OF FLORIDA

409 EAST GAINES STREET

JACKSONVILLE FL 32202-

TALLAHASSEE, FL 32399

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(((H96000006031)))
P.A.

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR

NAME: TBC ACQUISITION, INC.

FAX AUDIT NUMBER: H96000006031

CURRENT STATUS: REQUESTED

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[Handwritten Signature]
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 APR 30 PM 12:49

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Fax Audit No. H96000006031

ARTICLES OF INCORPORATION
OF
TBC ACQUISITION, INC.

The undersigned, for the purpose of forming a corporation for profit under the laws of Florida, adopts the following Articles of Incorporation.

ARTICLE 1

NAME AND ADDRESS

Section 1.1 Name. The name of the corporation is TBC Acquisition, Inc.

Section 1.2 Address of Principal Office. The address of the principal office of the corporation is 9428 Baymeadows Road, Suite 112, Jacksonville, FL 32256.

ARTICLE 2

DURATION

Section 2.1 Duration. This corporation shall exist perpetually. Corporate existence shall commence on the date these Articles are executed, except that if they are not filed by the Department of State of Florida within five business days after they are executed, corporate existence shall commence upon filing by the Department of State.

ARTICLE 3

PURPOSES

Section 3.1 Purposes. This corporation is organized for the purposes of transacting any or all lawful business permitted under the laws of the United States and of the State of Florida.

Prepared by: Linda Y. Kelso, Fla. Bar No. 298662
Foley & Lardner
200 Laura Street, Jacksonville, FL 32202
904/359-2000

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JUN 29 1999
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FLORIDA
4-29-96

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ARTICLE 4

CAPITAL

Section 4.1 Authorized Capital. The maximum number of shares of stock which this corporation is authorized to have outstanding at any one time is 10,000 shares of voting common stock having a par value of \$0.01 per share.

ARTICLE 5

INITIAL REGISTERED OFFICE AND AGENT

Section 5.1 Name and Address. The street address of the initial registered office of this corporation is 200 Laura St., Jacksonville, Florida 32202, and the name of the initial registered agent of this corporation at that address is F&L Corp.

ARTICLE 6

DIRECTORS

Section 6.1 Number. This corporation shall have one (1) director(s) initially. The number of directors may be increased or diminished from time to time by the bylaws, but shall never be less than one.

Section 6.2 Initial Directors. The name and address of the members of the first board of directors of the corporation are:

NAMEADDRESS

Thomas F. Beeckler

9428 Baymeadows Road, Suite 112
Jacksonville, FL 32256

ARTICLE 7

BYLAWS

Section 7.1 Bylaws. The initial bylaws of this corporation shall be adopted by the board of directors. Bylaws may be amended or repealed from time to time by either the board of directors or the shareholders, but the board of directors shall not alter, amend or repeal any bylaw adopted by the shareholders if the shareholders specifically provide that such bylaw is not subject to amendment or repeal by the board of directors.

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ARTICLE 8

INCORPORATOR

Section 8.1 Name and Address. The name and street address of the incorporator of this corporation is:

NAME

David C. Cook

ADDRESS

200 Laura St.
Jacksonville, FL 32202

ARTICLE 9

INDEMNIFICATION

Section 9.1 Indemnification. The board of directors is hereby specifically authorized to make provision for indemnification of directors, officers, employees and agents to the full extent permitted by law.

ARTICLE 10

AMENDMENT

Section 10.1 Amendment. This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the incorporator has executed these Articles on April 29th, 1996.



David C. Cook, Incorporator

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ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above stated corporation, at the place designated in the above Articles of Incorporation, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and I accept the obligations of a registered agent.

Charles V. Hedrick
Charles V. Hedrick, Authorized Signatory

Date: 4/29/96

FILED
96 APR 30 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: THE BEECKLER COMPANY EIN or SS#: 761-80-5762
Mr. Thomas F. Beeckler
 Address: 9428 Baymeadows Rd, Suite #112
Jacksonville, FL 32256-0190

Amount: 17165.00 Date Paid _____

Reason for claim: Duplicate Filing - P96000037171
SP1 5/29/97

Certified true and correct this 4th day of June, 19 97.
 Signature: Thomas F. Beeckler

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ <u>165.00</u>	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. <u>973981025</u> dated <u>05-16-97</u>	
Name of Account: <u>45202130001453000000000010000</u>	
Statutory Authority for Collection: <u>607</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: <u>452021300014530000000022002000</u>	
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency) _____ (Authorized Signature and Title)	