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

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CITY-ST-ZIP

**FILED** May 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P96000037171 (1) TBC ACQUISITION, INC. Principal Place of Business Mailing Address 9428 BAYMEADOWS ROAD 9428 BAYMEADOWS ROAD SUITE 112 SUITE 112 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 3. Date Incorporated or Qualified 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3159336 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Bo 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Country 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name THOMS F. BEECKLER 81 F&L CORP. 200 LAURA STREET Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32202 83 SUITE 84 City The South 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 willy, and accept the obligations of particular statements of the purpose of changing its registered agent. I am familiar willy, and accept the obligations of particular statements. (NOTF: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change BEECKLER, THOMAS F NAME 9428 BAYMEADOWS RD. SUITE 112 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREFT ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-\$1-ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE

6.2 NAME

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 required in rustee 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 a allocation with an address.

Thomas F. BEECKLEA

6.3 STREET ADDRESS

4/20/98 904 7379111