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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101292 (6)

T.H.C. ENTERPRISES, INC.

Principal Place of Business Mailing Address 6424 N FLORIDA AVE 7347 WEST POCAHONTAS AVENUE TAMPA FL 33604 TAMPA FL 33634 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified <u>12/16/1996</u> 2. Principal Place of Business 2a. Mailing Address 4 FFI Numbe Applied For 26 59-3413406 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name **DITTMAN. WILLIAM STEVEN** 7347 WEST POCAHONTAS AVENUE Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33634** 83 84 City 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 Lorida. 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 Signature typed or printed name of regulered agent and title if applicable (NOTE: 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 Addition NAME 1.2 NAME

DITTMAN, WILLIAM STEVEN 7347 WEST POCAHONTAS AVENUE STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33634** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE VD. 2.1 TITLE NAME ROBINSON, RICHARD L JR. 2.2 NAME STREET ADDRESS 16015 HAMPTON VILLAGE DR 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2 4 CITY - ST - 7(P TITLE SD. DELETE Change Addition 3.1 10116 ROBINSON, MICHELE C NAME 3.2 NAME 16015 HAMPTON VILLAGE DR STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 3 4. CI1Y - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition TD NAME DITTMAN, GLORIA J 4. 2 NAME 7347 WEST POCAHONTAS AVENUE STREET ADDRESS 4.3 STREET ADDRESS **TAMPA FL 33634** CITY-ST-ZIP 4.4 CITY-S1-ZIP DELETE Change TITLE 5.1 TITLE ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREFT ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 supplienced 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 truyled empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, go an an attactument with appearing some content of the receiver or truyled appears.

SIGNATURE: 1 Shin S 18th William 5 Dittemon 4/27/98 813-238-2491