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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000000813 (0)

1. Corporation Name
TTMCO, INC.

[redacted]

Principal Place of Business	Mailing Address
6900 PHILLIPS HWY SUITE 31 JACKSONVILLE FL 32216	6900 PHILLIPS HWY SUITE 31 JACKSONVILLE FL 32216-6059

3. Date Incorporated or Qualified: 12/27/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2100 OCEAN DR S.	26 2100 OCEAN DR, S.
22 Suite, Apt. #, etc. # 2-C	27 Suite, Apt. #, etc. # 2-C
23 City & State JACKSONVILLE BCH, FL	28 City & State JACKSONVILLE BCH, FL
24 Zip 32250 / 25 Country DUVAL	29 Zip 32250 / 30 Country DUVAL

4. FEI Number — ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PATTERSON, LAWRENCE R ESQ. 3010 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250	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 _____ (Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mail-in filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REER, THOMAS 6900 PHILLIPS HWY, STE 31 JACKSONVILLE FL 32216 ☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D REER THOMAS 2100 OCEAN DR. S 2-C JACKSONVILLE BCH, FL 32250 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition LS 4.24
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	500002459356 ☒ Change ☐ Addition -04/24/98--01083--032 ***150.00

14. I do 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.

SIGNATURE: Thomas Reer THOMAS REER 4-19-98 904-296-6332