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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P97000015734 (1)

TCP, CORPORATION

FILED Apr 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1801 75TH ST N 1801 75TH ST N ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/14/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1601 7571 ST. N Suite, Apt. #, etc. 1801 754 STIP Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be ST. Petershury STIPCTERSONS Trust Fund Contribution 28 Added to Fees Country Country Zip This corporation owes or has paid the current year Intangible Phellos Pirellas 33710 337/0 25 29 Personal Property Tax due June 30. ¥Z Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name jemison. Kell H 1801 75TH ST N 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33710 ₿3 84 City Zip Code 11. Pursuant to the provisions of Soctions 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) gent and title if applicable OFFIC RS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE D 1.1 TITLE JEMISON, KELL H NAME 1.2 NAME 1801 75TH ST N STREET ADORESS 1.3 STREET ADDRESS ST PETERSBURG FL 33710 CITY+ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY ST ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby 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.

CICNATURE.

April 4 1998