

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90078 004 ***150.00

DOCUMENT # P97000054873

1. Corporation Name

TSA CONSULTANTS, INC.

Principal Place of Business

100 EVENTIDE AVENUE
LAKE PLACID FL 33852

Mailing Address

100 EVENTIDE AVENUE
LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1997

4. FEI Number

65-0769760

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

ANDERSON, ALBERT C
100 EVENTIDE AVENUE
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

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 Albert C. Anderson Albert C. Anderson Sect.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/28/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME ANDERSON, ALBERT C
STREET ADDRESS 100 EVENTIDE AVENUE
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Sect- ☒ Change ☐ Addition
1.2 NAME ANDERSON, ALBERT C.
1.3 STREET ADDRESS 100 EVENTIDE AVENUE
1.4 CITY-ST-ZIP LAKE PLACID, FL. 33852

2.1 TITLE President ☐ Change ☒ Addition
2.2 NAME E.B. Taylor
2.3 STREET ADDRESS 30 PLACID OAKS DRIVE
2.4 CITY-ST-ZIP LAKE PLACID, FL. 33852

3.1 TITLE Vice President ☐ Change ☒ Addition
3.2 NAME SHARP ROBERT T.
3.3 STREET ADDRESS 1722 PARIS BLVD.
3.4 CITY-ST-ZIP FREDERICK, MD. 21702

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE: Albert C. Anderson Albert C. Anderson Sect.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99 941-689-9232
Date Daytime Phone #

CR2E034 (1/98)