

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

DOCUMENT # P98000001346

1. Corporation Name

TDC GENERAL CONTRACTORS, INC.

Principal Place of Business

2733 FILLMORE STREET  
HOLLYWOOD FL 33020

Mailing Address

2733 FILLMORE STREET  
HOLLYWOOD FL 33020

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90068 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1998

4. FEI Number

65-0802797

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5720 POLK ST.

Suite, Apt. #, etc.

22 City & State

23 HOLLYWOOD, FL

Zip Country

24 33021

25 BROWARD

2a. Mailing Address

26 5720 POLK ST.

Suite, Apt. #, etc.

27 City & State

28 HOLLYWOOD, FL

Zip Country

29 33021

30 BROWARD

9. Name and Address of Current Registered Agent

AMERILAWYER

343 ALMERIA AVENUE

CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name TIMOTHY KELLOGG

82 Street Address (P.O. Box Number is Not Acceptable)

5720 POLK ST.

83 HOLLYWOOD, FL 33021

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

*Timothy Kellogg*

(NOTE: Registered Agent signature required when reinstating)

3/15/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME COLLINS, RICHARD E  
STREET ADDRESS 2733 FILLMORE STREET  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE VSD ☐ DELETE

NAME KELLOGG, TIMOTHY L  
STREET ADDRESS 2733 FILLMORE STREET  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE VTD ☐ DELETE

NAME TITONE, ROY D  
STREET ADDRESS 2733 FILLMORE STREET  
CITY-ST-ZIP HOLLYWOOD FL 33020

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

*Timothy Kellogg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 (951) 232-3967  
Date Daytime Phone #

CR2E034 (1/98)