PROFIT CORPORATION ANNUAL REPORT 1999



ELORIDA DEPARTMENT DE STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS 4

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SECRETARY OF STATE PALLAHASSEE, FLORIDA

DOCUMENT # P 98000061594 1. Corporation Name

> T L C HOME SERVICES, INC. c/o S. KLEIN

1820 JAMAICA WAY, PUNTA GORDA, FL 33950

Principal Place of Business

1820'JAMAICA WAY c/o S.KLEIN PUNTA GORDA, FL 33950

2.	Principal Place of Business		2a. Mailing Address			
21	as above		26 as above			
	Suite, Apt. #, etc.	ļ	Suite, Apt. #, etc			
22			27			
١.,	City & State		City & State			
23		·····	28]			
<u>L</u> _	Zip C	Country	Zip Country			
24	25		29 30			
Name and Address of Current Registered Agent						

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

July 13,1998

Applied For

65-0851185

5 Certificate of Status Desired

Not Applicable \$8.75 Additional Fee Required

6. Election Campaign Financing 11

\$5.00 May Be Added to Fees

Trust Fund Contribution 8. This corporation owes the current year Intangible

Personal Property Tax Yes Yes

10. Name and Address of New Registered Agent

STEPHANIE KLEIN 1850 JAMAICA WAY PUNTA GORDA, FL 33950

81	Name				
82		si	re	et	

City

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

85 Zip Code

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 hoard of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

2.3 STREET ADDRESS 2 4 CITY-S1-ZIP

3.1 TITLE

32 NAME 3.3 STREET ADDRESS

4.1 THUE

52 NAME

6 Y THE

€ 2 NAME

3.4 CiTY-ST-ZIP

4.4 Of Y-ST-ZIP

53 STREET ADDRES

63 STREET ADOREST

54 CHY-ST-ZIP

83

SIGNATURE	Sign E. Special printed harrie of registrest gent and trie if applicable (NUTE is	anie Kle
12.	OFFICERS AND DIRECTORS	13.
TITLE	President/Director [] DELETE	1 1 TITLE
NAME	Stephanie Klein	1.2 NAME
STREET ADDRES	e =	1.3 \$TREE1 ADDRESS
CITY-ST-ZIP	1820 Jamaica Way Punta Gorda, FL 33950	1.4 CiTY+ST-ZIP
TITLE	☐ DELETE	2 t TITLE
NAME		2.2 NAME

TE KLEIN ed Age of Signalatic required where (eases) shing) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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 legical effect as if made under oath, that I are 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 13 if chapted or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

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