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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S52546

(6)

T L C CONSULTANTS, INC.

Feb 11 1998 8:00am Secretary of State

Principal Place	of Business TORIVE 213 CLAWFORD A	Mailing A 2220 H#6	ddress	13 CLAW	aes fel			
SUITE #7 EDGEWATER FI	ORIVE 213 CEPWICEDA SUITE 3 SUITE SUITENSCH	SUITE #	ddress HSCUS DRIVE 7- TER FL 32141	יקייניל עבל אינייל עבל	eur Ben, 1 32169	DO NOT WRITE IN TI	HIS SPACE	
40 -	US	164 AB-		US		3. Date Incorporated or Qualified 05/15/1991		
2. Principal Pla	co of Business	2a, Mailin	y Address			4, FEI Number	Applied For	
21 Suite, Apt #,	etc.	26 Sude,	Apt. #, etc.			65-0265253 5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State				6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ 24	Country 25	Zip Country 29 30				This corporation owes or has paid the Personal Property Tax due June 30.	e current year Intangible Yes No	
	g, Name and Address of Curre	ant Registered A	\gent			10. Name and Address of New Register	red Agent	
	H, GARY			61	Name			
213 CRAWFORD RD. NEW SMYRNA BEACH FL 32189				62	Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
				83				
				84	City		Zip Code	
office or reg	the provisions of Sections 607.05 gistored agent, or both, in the Stat familiar with, and accept the obti	le of Florida, Suc	h change was au	uthorized by	the corporation	oration submits this statement for the purposon's board of directors. I hereby accept the	se of changing its registered appointment as registered	
SIGNATURE	gnaturo ligned or printed naise of tege free La	gentan 165 at applica	Die (NOTE	Registered Age	nt signature require	d when reinstating) DA	TE	
12.		ND DÍRECTÖRS	·····	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	PD		DELETE	1.1 TITLE			Change Addition	

NASH, GARY D. NAME STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP 1.4 CITY-ST-ZIP ☐ Change TITLE 21 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Change DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE ☐ Change ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 63 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

904) 424-9633