FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S64682** **(5)**

1. Corporation Name
T.L.C. SITTERS, INC. II

Principal Place of Business
1779 EAST NINE MILE ROAD
PENSACOLA FL 32514
US

Mailing Address
1779 EAST NINE MILE ROAD
PENSACOLA FL 32514-5729
US

3. Date Incorporated or Qualified: **07/02/1991**
3a. Date of Last Report: **01/25/1996**

2. Principal Place of Business
21
Street, Apt. #, etc.
22
City & State
23
Zip | Country
24 | 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip | Country
29 | 30

4. FEI Number: **59-3075782** ☑ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VAN MATRE, THOMAS G., JR.
4300 BAYOU BLVD.
PENSACOLA FL 32503

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 Section 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 and agree to act in this capacity. I further agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: Margie J Wasson President 3-21-97
(If changing Registered Agent, Registered Agent signature required when name(s) change) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	WASSON, MARGIE J.	
STREET ADDRESS	6419 BELLVIEW PINE PL.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DST	☐ DELETE
NAME	WASSON, D.E.	
STREET ADDRESS	6419 BELLVIEW PINE PL.	
CITY-ST-ZIP	PENSACOLA FL	
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		☐ 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		

CR2E034 (9/96)

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.

SIGNATURE: MARGIE J. WASSON Margie J Wasson President 3-21-97 904-479-4656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0486602