

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **S82398** (6)

95 MAY -1 PM 12:00

1. Corporation Name
TCC#3 TLD, INC.

Principal Place of Business

Mailing Address

~~400 4TH STREET NORTH
ST. PETERSBURG FL 33703~~

~~400 4TH STREET NORTH
ST. PETERSBURG FL 33703~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	4419 Bayshore NE	26	P.O. Box 7930
22		27	
23		28	
24		29	
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
09/24/1991	07/07/1994
4. FEI Number	Applied For
59-3089635	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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARTLEY, TERESA M.
~~400 4TH STREET NORTH
ST. PETERSBURG FL 33703~~

81	Name	Teresa Hartley
82	Street Address (P.O. Box Number is Not Acceptable)	4419 Bayshore Blvd. NE
83		
84	City	st. Petersburg FL
85	Zip Code	33703

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 consent to the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4-25-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	D
NAME	HARTLEY, TERESA	12. NAME	Teresa Hartley
STREET ADDRESS	400 4TH ST. N.	13. STREET ADDRESS	PO Box 7930
CITY ST ZIP	ST. PETERSBURG FL	14. CITY ST ZIP	st. Petersburg, FL 33734
TITLE		21. TITLE	
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY ST ZIP		24. CITY ST ZIP	
TITLE		31. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY ST ZIP		34. CITY ST ZIP	
TITLE		41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY ST ZIP		44. CITY ST ZIP	
TITLE		51. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY ST ZIP		54. CITY ST ZIP	
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY ST ZIP		64. CITY ST ZIP	

REMITTED BY MAY 1

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95 813-522-5435