SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (5)TSC MERGER, INC. Principal Place of Business Mailing Address 570 SE BYLANK 570 SEBYHAUE oveschouse, fug. 1854 SFIAW DRY 934 SHAW DR-KEY LARGO FE 33007 OLCEGOH-BEE, PLA. KEY LARGO EL 33033 3年744524、3. Date Incorporated or Qualified 3a. Date of Last Report 34974-4522 03/11/1992 05/19/1995 2a. Mailing Address 2. Principal Place of Business Applied For 65-0319992 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032. Zin Country Zio Country Yes No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHENEY, GERALD V. 510 SE 8th AUG 82 Street Address (P.O. Box Number is Not Acceptable) OKEECHABEE, FLA яз 84 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. DATE Stgnature, typed or printed name of registered agent and their applicable (NOTE: Higgsfered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)12. OFFICERS AND DIRECTORS 13. DELETE 1.1 BULE TITLE CR2E034 STARK, EDWARD 1.2 NAME NAME STREET ADDRESS 3776 HARTS MILL LANE 1.3 STREET ADDRESS ATLANTA GA 30319 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 THUE TITLE CHENEY, GERALD V 2.2 NAME NAME 954 SHAW DR. 2 3 STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 2.4 CiTY - ST - 7iP CITY-ST-ZIP Change Addition TITLE **CFO** DELETE 31 1111 E CHENEY, GERALD V 3.2 NAME NAME 954 SHAW DR. 3.3 STREET ADDRESS STREET ADDRESS **KEY LARGO FL 33037** 3.4 CITY-ST-7IP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 54 CITY - ST - ZIP CHTY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), 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 617. Florida Statutes, and if changed, or on an attachment with an address that my name appears in Block 12 or Bloc 6-20-96 406-962-3073

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO