

**CORPORATION  
ANNUAL REPORT  
1995**

Florida Department of State  
James B. Matthews  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR - 6 AM 10:52**

**DOCUMENT # V41011 (0)**  
1. Corporation Name  
**THE TTO CORPORATION**

Principal Place of Business      Mailing Address  
**375 E HWY. 50  
CLERMONT FL 34711**      **375 E HWY. 50  
CLERMONT FL 34711**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**06/01/1992**      **05/13/1994**

4. FEI Number      Applied For  
**59-3165659**      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

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**LEVANDOSKI, BENARR  
375 E HWY. 50  
CLERMONT FL 34711**

10. Name and Address of New Registered Agent

81 Name      **WILLIAM T. LINDEMANN**

82 Street Address (P.O. Box Number is Not Acceptable)  
**11251 COUNTY ROAD 561 A**

83

84 City      **CLERMONT**      85 State      **FL**      86 Zip Code      **34711**

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 *William T. Lindemann*      *William T. Lindemann*      **3/30/95**

(Signature, typed or printed name of registered agent and title if applicable)      (NOTE: Registered Agent signature required when re-registering)      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>MCDOWELL, HAROLD E.</b>
STREET ADDRESS	<b>2772 TROPICAL LAKE DR.</b>
CITY - ST - ZIP	<b>KISSIMMEE FL 32741</b>
TITLE	<b>DVP</b>
NAME	<b>MILLER, MARK L.</b>
STREET ADDRESS	<b>3641 JERICHO RD P.O. BOX 5562</b>
CITY - ST - ZIP	<b>WINTER PARK FL 32783</b>
TITLE	<b>DST</b>
NAME	<b>LINDEMANN, WILLIAM T.</b>
STREET ADDRESS	<b>375 E HWY. 50</b>
CITY - ST - ZIP	<b>CLERMONT FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(a), 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or if attached with an order.

SIGNATURE: *William T. Lindemann*      **3/31/95**      **(904) 242-0100**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR      (Type Name)