

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

**APPROVED
AND
FILED**

95 MAY -1 PM 2: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
STATE OF FLORIDA TALLAHASSEE

DOCUMENT # **V62509** (7)
1. Corporation Name
TLC OF WILLISTON, INC.

Principal Place of Business: **111 WEST NOBLE AVENUE SUITE A WILLISTON FL 32696**
Mailing Address: **111 WEST NOBLE AVENUE SUITE A WILLISTON FL 32696**

2. Principal Place of Business: **21**
3a. Date of Last Report: **04/27/1994**
3. Date Incorporated or Qualified: **09/04/1992**
4. FET Number: **59-3143701**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for changing its name under Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MACK, LISA NANETTE
111 WEST NOBLE AVENUE
SUITE A
WILLISTON FL 32696**

DO NOT WRITE IN THIS SPACE

3a. Date of Last Report: **04/27/1994**
3. Date Incorporated or Qualified: **09/04/1992**
4. FET Number: **59-3143701**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for changing its name under Florida Statutes: Yes No

10. Name and Address of New Registered Agent
81 Name: **NORM FUGATE**
82 Street Address (P.O. Box Number is Not Acceptable): **614 N.E. 10TH BLVD.**
83
84 City: **WILLISTON** FL 85 Zip Code: **32696**

11. Pursuant to the provisions of Sections 607.09(2) and 607.15(1), 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 provisions of Section 607.09(2), Florida Statutes.

SIGNATURE: *[Signature]* 3-15-95

12. OFFICERS AND DIRECTORS

12-1 NAME	D MACK, GARY ALAN
12-2 STREET ADDRESS	842 N.W. 2ND AVENUE
12-3 CITY, ST. ZIP	WILLISTON FL
12-4 NAME	D MACK, LISA NANETTE
12-5 STREET ADDRESS	842 N.W. 2ND AVENUE
12-6 CITY, ST. ZIP	WILLISTON FL
12-7 NAME	
12-8 STREET ADDRESS	
12-9 CITY, ST. ZIP	
12-10 NAME	
12-11 STREET ADDRESS	
12-12 CITY, ST. ZIP	
12-13 NAME	
12-14 STREET ADDRESS	
12-15 CITY, ST. ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12.

13-1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-2 NAME	
13-3 STREET ADDRESS	
13-4 CITY, ST. ZIP	
13-5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-6 NAME	
13-7 STREET ADDRESS	
13-8 CITY, ST. ZIP	
13-9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-10 NAME	
13-11 STREET ADDRESS	
13-12 CITY, ST. ZIP	
13-13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-14 NAME	
13-15 STREET ADDRESS	
13-16 CITY, ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and shows not equally for the information stated in the Florida Statutes. I further certify that the information included in 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 member 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 of a bracket or on an attachment with an address.

SIGNATURE: *Lisa N. Mack* LISA N. MACK SEC/TREASURER 03/15/95 901528062

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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Murray Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V62593 (1)
 1. Corporation Name
LARSEN COMMUNICATIONS & PROFESSIONAL SERVICES, I NC.

Principal Place of Business: **3134 RESEDA CT TAMPA FL 33618**
 Mailing Address: **3134 RESEDA CT TAMPA FL 33618**

ACCEPTED
 90 APR 11 1995
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		3. Date Incorporated or Qualified:	3a. Date of Last Report:
21		26		09/04/1992	04/27/1994
22		27		4. FEI Number:	Applied For:
23		28		59-3143458	Not Applicable
24		29		5. Certificate of Status Desired:	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing:	\$5.00 May Be Added to Fees
26		31		<input type="checkbox"/> Trust Fund Contribution <input checked="" type="checkbox"/> This corporation has liability for intangible tax under S. 199.032, Florida Statutes.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LARSEN, JAMES R. JR 3134 RESEDA CT TAMPA FL 33618				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Valerie D. Larsen* Valerie D. Larsen, President DATE: 04/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	NO LONGER A DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, JAMES R. JR	1.2 NAME	LARSEN, JAMES R. JR
STREET ADDRESS	3134 RESEDA CT	1.3 STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, VALERIE D.	2.2 NAME	LARSEN, VALERIE D.
STREET ADDRESS	3134 RESEDA CT	2.3 STREET ADDRESS	3134 RESEDA COURT
CITY, ST, ZIP	TAMPA FL	2.4 CITY, ST, ZIP	TAMPA, FL 33618-3013
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and claim that qualify for the exemption stated in Section 119.07(3)(b), 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 in an attached card with an address.

SIGNATURE: *Valerie D. Larsen* - VALERIE D. LARSEN 4/27/95 (813)882-5225