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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUME	NT # <b>V6250</b>	9 (7)					
1. Corporation Nan	ne	(,,					
TLC OF W	VILLISTON, INC.				A LEGAM BAIDAG BUAR AIBEL BINA BBA	IA KAN GIDIF ANAK ANAN BIBH BIDIF AKAN	)   <b>[1.</b> ]
D: 10 10		Mailing Address					
Principal Place of Bi	•	_					
111 WEST NOBLE SUITE A	E AVENUE	P.O. BOX 519 SUITE A					
WILLISTON FL 32	2696	WILLISTON FL 32696 US			3. Date Incorporated or Qualified	3a. Date of Last Report	
		03			09/04/1992	05/01/1995	
2. Principal Place o	of Business	2a. Mailing Address 26			4. FEI Number 59-3143701	Applied F	
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	
22		City & State			6. Election Campaign Financing	\$5.00 May E	
City & State		28			Trust Fund Contribution	Added to Fee:	s
Zip	Country	Žψ	Cou	ntry	8. This corporation has liability for	intangible tax under s 199.032	2,
24	25	29	30		Florida Statutes Yes	s No	
9.	Name and Address of Curren	t Hegistereo Agent		81 Name	10, Name and Address of New	negratored regent	
FILOATE N	IODIA		ļ		ess (P.O. Box Number is Not Accepta	(blo)	
FUGATE, N 614 N E 10			ļ	Street Addre	4 N.W. MAIN ST.		
SUITE A	THI DETO			83			
WILLISTON	FL 32696			301 84 City	<u> 16 1</u>	85 Zip Code	
				101	LIISTON ration submits this statement for the pu	FL 85 Zip Code 3269	6
or registered a	igent, or both, in the State of Florid nd accept the obligations of, Secti	ta. Such change was authoriz on 607.0505, Florida Statutes	ed by the c	corporation's boar	ra of directors. Thereby accept the app	pointine it as registered agent.	1 am
Signa	ature typed or printed name of registoren agost.  OFFICERS ANI		il Rogeteral	Agent signature regioner		FICERS AND DIRECTORS IN 1	12
12.	D	DELETE	1.11	TLE	7,001110110101111100011111	Change Ad	
1 .	MACK, GARY ALAN	_	1.2 N	AME			
I	842 N.W. 2ND AVENUE		1381	HEET ADDRESS			
CITY-ST-ZIP	WILLISTON FL			TY-ST-ZIP		Change Ac	ddilion
I .	D	☐ DELETE	2 1 1	1		☐ Cildings ☐ Ac	aunio i
	MACK, LISA NANETTE		22 N	RAFET ADDRESS			
!	842 N.W. 2ND AVENUE WILLISTON FL			TY-ST-ZIP			
CITY-ST-ZIP TITLE	WILLISTON FL	☐ DELETE	3 1 1			Change Ac	ddition
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NAME			62 N	AMF			
STREET ADDRESS			635	TREET ADDRESS			
CITY - ST - ZIP		NI. 412- 21- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2-	640	dose not qualify:	for the evernation stated in Section 1:	19.07(3)(k) Florida Statutes I fui	ırther
certify that the		ual report or supplemental and oration or the receiver or trust	nuai report ee empowe		for the exemption stated in Section 11 ate and that my signature shall have the signature are found as required by Chapter 607,		

SIGNATURE:

4/12/96 352 528 0262