

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

**P.O. BOX 519
SUITE A
WILLISTON FL 32696
US**

3. Date Incorporated or Qualified

09/04/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3143701

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24

29

30

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FUGATE, NORM
614 N E 10TH BLVD
SUITE A
WILLISTON FL 32696**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

444 N.W. MAIN ST.

83

SUITE 1

84

WILLISTON

FL

85 Zip Code

32696

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

(Signature typed or printed name of registered agent and Florida address)

(NOTE: Registered Agent's signature required when reinstating)

Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

☐ DELETE

NAME

**D
MACK, GARY ALAN
842 N.W. 2ND AVENUE
WILLISTON FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

**D
MACK, LISA NANETTE
842 N.W. 2ND AVENUE
WILLISTON FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE: *Lisa N. Mack*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA N. MACK

4/12/96

Date

352 528 0262

Daytime Phone #

CR2E034 (12/95)