

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 511179 (4)
1. Corporation Name
TUTEN CORPORATION



Principal Place of Business
**217 MANATEE AVENUE EAST
BRADENTON FL 34208**

Mailing Address
**217 MANATEE AVENUE EAST
BRADENTON FL 34208**

2. Principal Place of Business	2a. Mailing Address
21 1802 59th Street West Suite, Apt. #, etc.	26 1802 59th Street West Suite, Apt. #, etc.
22 City & State	27 City & State
23 Bradenton, Florida	28 Bradenton, Florida
24 34209	29 34209
25 Manatee	30 Manatee

3. Date Incorporated or Qualified **08/24/1976**

3a. Date of Last Report **03/10/1995**

4. FIC Number **59-1687483** Applied For Not Applicable

5. Certificate or 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 Statute Yes No

9. Name and Address of Current Registered Agent

**VENABLE, JOSEPH P.
1400 4TH AVE W
BRADENTON FL 34208**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip Code	FL

11. Pursuant to the provisions of Sections 607.002 and 607.1504, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.002(4), Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	HAGIN, R. MARK	
STREET ADDRESS	1115 154TH ST NE	
CITY-STATE-ZIP	BRADENTON FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ROUTH, LARRY A	
STREET ADDRESS	3304 50 AVE E	
CITY-STATE-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption in Section 119.07(3)(5), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registrar or trustee or code officer or trustee in a report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or corrected in agreement with an officer.

SIGNATURE: *R. Mark Hagin* **R. Mark Hagin President 01/29/96 941-747-7786**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)