FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 12:37

DOCUMENT # **670577** **(6)**

1. Corporation Name
TIGER POINT PROPERTIES, INC.

Principal Place of Business	Mailing Address
PO BOX 12725 125 S. ALCANIZ. STE 3 PENSACOLA FL 32575 US	PO BOX 12725 125 S. ALCANIZ. STE 3 PENSACOLA FL 32575 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/13/1980
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / County — 30

4. FEI Number: 59-2009367 ☐ Applied For ☐ 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

9. Name and Address of Current Registered Agent

BAKER, RICHARD
~~30 S. SPRING ST.~~
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 31 West Garden Street, Suite #101
83
84 City: **FL** 85 Zip Code

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	WALTON, GARRETT	12 NAME		
STREET ADDRESS	30 S.SPRING ST.	13 STREET ADDRESS	31 W. Garden St, Suite #101	
CITY-ST-ZIP	PENSACOLA, FL 00000	14 CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	PD	21 TITLE		☒ Change ☐ Addition
NAME	CARR, JOHN S	22 NAME		
STREET ADDRESS	1810 E. LARUA STREET	23 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	MONTGOMERY, ROBERT B	32 NAME		
STREET ADDRESS	3701 CEYLON DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL	34 CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	STD	41 TITLE		☒ Change ☐ Addition
NAME	BAKER, RICHARD R	42 NAME		
STREET ADDRESS	30 S. SPRING ST.	43 STREET ADDRESS	31 W. Garden St., Suite #101	
CITY-ST-ZIP	PENSACOLA	44 CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	NICKELSEN, ERIC	52 NAME		
STREET ADDRESS	2761 DUNSINANNE RD.	53 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP	Pensacola, FL 32503	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: John S. Carr John S. Carr, President 3/29/95 (904) 434-2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0301693 GP