

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 685802 (1)**

1. Corporation Name:  
**TINNEY CADILLAC CORPORATION**



Principal Place of Business

**938 EAST MAIN ST  
LAKELAND FL 33801**

Mailing Address

**938 EAST MAIN ST  
LAKELAND FL 33801**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**TINNEY, GILBERT M, JR  
938 E MAIN STREET  
LAKELAND, FL  
33801**

81 Name

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

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Organized  
**08/20/1980**

3a. Date of Last Report  
**04/20/1995**

4. FEI Number  
**59-2019247**

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0042 and 607.1402, 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 607.0042, Florida Statutes.

SIGNATURE

By \_\_\_\_\_, Secretary of State

Date of Filing \_\_\_\_\_

FILE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>TINNEY, GILBERT M, JR</b>	
STREET ADDRESS	<b>938 E MAIN ST</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>TINNEY, WILLIAM G</b>	
STREET ADDRESS	<b>938 E MAIN ST</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>TINNEY, MARY MARGARET</b>	
STREET ADDRESS	<b>930 E. MAIN STREET</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12.

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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)(k), Florida Statutes. I further certify that the information included 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. 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 attached form with an address.

SIGNATURE: *William G Tinney* **William G Tinney**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

941 682 7173

CR2E034 (12/95)