

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED
AND
FILED

94 JUL 11 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711966 (2)

1. Corporation Name
SAMUEL A. AND LOUISE K. TUCKER FAMILY FOUNDATION
, INC.

Mailing Address
9795 SOUTH DIXIE HWY
P.O. BOX 560068
MIAMI FL 33156

Principal Place of Business
9795 SOUTH DIXIE HWY
P.O. BOX 560068
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/16/1966	3a. Date of Last Report 05/13/1993
4. FEI Number 59-6175868	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address	2a. Principal Place of Business
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent MORRISON, ALBERT, JR. 9795 S. DIXIE HIGHWAY MIAMI FL 33156	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
---	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (If title Registered Agent is required when registering)

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS IN 12
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	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

14. I do hereby certify that the information supplied with this filing is substantially true and correct and that the information 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 liquidator empowered to conduct this report as required by Chapter 407 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Albert Morrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/94 (305) 667-3500



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

June 28, 1994

SAMUEL A. AND LOUISE K. TUCKER FAMILY FOUNDATION, INC.
9795 SOUTH DIXIE HWY
P.O. BOX 560068
MIAMI, FL 33156

SUBJECT: SAMUEL A. AND LOUISE K. TUCKER FAMILY FOUNDATION, INC.
Ref. Number: 711966

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

In order to file the annual report for \$61.25, the corporation must be a non-profit corporation, be exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code and indicate it by checking block 7. If that is not the case, resubmit with the additional fee of \$138.75.

After the corrections have been made, return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

AMANDA HERRING
ANNUAL_REPORTS Section

Letter number: 994A00030407

*Resubmitting annual
Report with check for
correct amt of 61.25 for
"Not for Profit" Corps.*