

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000000189 (9)**

1. Corporation Name

TIDEWATER FINANCE COMPANY



Principal Place of Business

565 CEDAR RD.
CHESAPEAKE VA 23320

Mailing Address

565 CEDAR RD.
CHESAPEAKE VA 23320

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/12/1995

3a. Date of Last Report

4. FEI Number

54-1650513

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

SIGNATURE

Signature of each officer or director of registered agent and the applicable

(NAME) Registered Agent signature required when filing

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME SANDLER, ART
STREET ADDRESS 565 CEDAR RD.
CITY-STATE-ZIP CHESAPEAKE VA 23320

TITLE VD DELETE

NAME SANDLER, STEVE
STREET ADDRESS 565 CEDAR RD.
CITY-STATE-ZIP CHESAPEAKE VA 23320

TITLE VT DELETE

NAME BENSON, NATHAN
STREET ADDRESS 565 CEDAR RD.
CITY-STATE-ZIP CHESAPEAKE VA 23320

TITLE S DELETE

NAME GOTLIEB, RAYMOND
STREET ADDRESS 565 CEDAR RD.
CITY-STATE-ZIP CHESAPEAKE VA 23320

TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3.1 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4.1 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5.1 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6.1 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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 stated in Section 119.07(3)(b), 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 from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

Date of Filing

CR2E034 (12/95)