

**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

DOCUMENT # **G71752** (1)  
1. Corporation Name  
**TIVOLI SERVICES, INC.**

Principal Place of Business Mailing Address  
**1594 E AVE NORTH SARASOTA FL 34237 US** **C/O JAMES L. TURNER 1550 RINGLING BLVD SARASOTA FL 34236-6749 US**

2. Principal Place of Business 2a. Mailing Address  
**21 4396 Independence Court** **26 4396 Independence Ct.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 Sarasota FL** **27 Sarasota FL**  
City & State City & State  
**24 34234** **25 USA** **29 34234** **30 USA**  
Zip Country Zip Country

**APPROVED AND FILED**  
**95 APR 26 AM 10:41**  
**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.  
3. Date Incorporated or Qualified **11/30/1983** 3a. Date of Last Report **03/04/1994**  
4. FEI Number **59-2357038** 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. 190.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**TURNER, JAMES L. 1550 RINGLING BLVD. SARASOTA FL 33578**

10. Name and Address of New Registered Agent  
**81 Name James M. Evans**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83 4396 Independence Court**  
**84 City Sarasota FL 85 Zip Code 34234**

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 *James M. Evans* (NOTE: Registered Agent signature required when reappointing) DATE **4-20-95**

12. OFFICERS AND DIRECTORS

TITLE	<b>STD</b>
NAME	<b>MITCHELL, CATHY</b>
STREET ADDRESS	<b>617 LOTUS LANE</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	<b>PD</b>
NAME	<b>MITCHELL, HAROLD</b>
STREET ADDRESS	<b>617 LOTUS LANE</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b>
NAME	<b>EVANS, JAMES C.</b>
STREET ADDRESS	<b>R. R. 1 BOX 182A</b>
CITY - ST - ZIP	<b>SYRACUSE IN</b>
TITLE	<b>D</b>
NAME	<b>EVANS, VIVIANNE C.</b>
STREET ADDRESS	<b>R. R. 1 BOX 182A</b>
CITY - ST - ZIP	<b>SYRACUSE IN</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VSD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JON C. EVANS</b>
1.3 STREET ADDRESS	<b>4396 INDEPENDENCE COURT</b>
1.4 CITY - ST - ZIP	<b>SARASOTA FL 34234</b>
2.1 TITLE	<b>VTD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JAMES M. EVANS</b>
2.3 STREET ADDRESS	<b>4396 INDEPENDENCE COURT</b>
2.4 CITY - ST - ZIP	<b>SARASOTA FL 34234</b>
3.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JAMES C. EVANS</b>
3.3 STREET ADDRESS	<b>4396 INDEPENDENCE COURT</b>
3.4 CITY - ST - ZIP	<b>SARASOTA FL 34234</b>
4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>VIVIANNE C. EVANS</b>
4.3 STREET ADDRESS	<b>4396 INDEPENDENCE COURT</b>
4.4 CITY - ST - ZIP	<b>SARASOTA FL 34234</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James M. Evans* **JAMES M. EVANS** **4-20-95** **813-358-8669**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #