FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # P94000030497

1. Corporation Name

TYRONE HOLDINGS, INC.

c/o Marie Powell & Associates
157-107th Avenue
Treasure Island, FL 33706

~~ing Address

3. Date Incorporated or Qualified: 4/20/94
3a. Date of Last Report: 5/1/95

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

Mailing Address
26 same
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-3242459
☐ 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

Lynne Iozia
7380 Sand Lake Rd, Suite 564
Orlando, FL 32819

10. Name and Address of New Registered Agent
81 Name: Robert A. Meyers, Jr
82 Street Address (P.O. Box Number is Not Acceptable): 157-107th Avenue
83
84 City: Treasure Island FL
85 Zip Code: 33706

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
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating
7/11/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	James W. Peyton	
STREET ADDRESS	7380 Sand Lake Road, Suite 564	
CITY-ST-ZIP	~~Orlando, FL 32819~~	
TITLE	S	☐ DELETE
NAME	M.E. Lynne Peyton	
STREET ADDRESS	7380 Sand Lake Road, Suite 564	
CITY-ST-ZIP	~~Orlando, FL 32819~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE	700001897417	☐ Change ☐ Addition
6 2 NAME	-07/18/96--01011--016	
6 3 STREET ADDRESS	***225.00	
6 4 CITY-ST-ZIP		

7/17 J2

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James W. Peyton President 7/11/96 (813) 367-9351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #