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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000030497 (9)**

1. Corporation Name
TYRONE HOLDINGS, INC.

Principal Place of Business	Mailing Address
C/O MARIE POWELL & ASSOCIATES 157-107TH AVENUE TREASURE ISLAND FL 33706	C/O MARIE POWELL & ASSOCIATES 157-107TH AVENUE TREASURE ISLAND FL 33706-4715

3. Date Incorporated or Qualified: 04/20/1994
3a. Date of Last Report: 07/17/1996

2. Principal Place of Business
21 Gregory, Sharer & Stuart
Suite, Apt. #, etc.
22 100 - 2nd Ave. S, #606
City & State
23 St. Petersburg, FL
Zip: 24 33701 Country: 25 Pinellas

2a. Mailing Address
26 Gregory, Sharer & Stuart
Suite, Apt. #, etc.
27 100 - 2nd Ave S, #606
City & State
28 St. Petersburg, FL
Zip: 29 33701 Country: 30 Pinellas

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
MEYERS, ROBERT A.
157- 107TH AVENUE
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent
81 Name: Charles L. Stuart
82 Street Address (P.O. Box Number is Not Acceptable): 100 - 2nd Ave. S, #606
83
84 City: St. Petersburg FL 85 Zip Code: 33701

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: Charles L Stuart — Charles L. Stuart — DATE: 2/25/97
Signature of new registered agent, if changing — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	PRESIDENT ☐ Change ☐ Addition
NAME	PETTON, J W	1.2 NAME	PEYTON, J. RODNEY
STREET ADDRESS	7380 SAND LAKE RD #564	1.3 STREET ADDRESS	14 BALLYNORTHLAND PARK
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	DUNGANNON BT71 6DY N. IRELAND
TITLE	V ☐ DELETE	2.1 TITLE	VICE-PRESIDENT ☐ Change ☐ Addition
NAME	PETTON, M E	2.2 NAME	PEYTON, M. LYNNE
STREET ADDRESS	7380 SANDLAKE ROAD #564	2.3 STREET ADDRESS	14 BALLYNORTHLAND PARK
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	DUNGANNON BT71 6DY N. IRELAND
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 3/4/97 011-44-1868 724177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0374517