

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H59757

**FILED**  
**Mar 05, 2015**  
**Secretary of State**  
**CC5755145034**

**Entity Name:** TIFFANY AND ASSOCIATES, INC.

**Current Principal Place of Business:**

500 MASON AVE.  
DAYTONA BEACH, FL 32117

**Current Mailing Address:**

500 MASON AVE.  
DAYTONA BEACH, FL 32117

**FEI Number:** 59-2532178

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TIFFANY, GARRY  
500 MASON AVENUE  
DAYTONA BEACH, FL 32117 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PST  
Name TIFFANY, GARRY L.  
Address 500 MASON AVE.  
City-State-Zip: DAYTONA BEACH FL 32117

Title D  
Name TIFFANY, GARRY L  
Address 500 MASON AVE.  
City-State-Zip: DAYTONA BEACH FL 32117

Title VP  
Name JOHNSON, TIFFANY N  
Address 500 MASON AVE.  
City-State-Zip: DAYTONA BEACH FL 32117

Title SECRETARY  
Name JOHNSON, TIFFANY N  
Address 500 MASON AVE.  
City-State-Zip: DAYTONA BEACH FL 32117

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIFFANY JOHNSON

**VICE PRESIDENT**

**03/05/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date