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

APPROVED AND FILED

95 MAY -1 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 143694 (8)

1. Corporate Name
TIDES CORPORATION

Principal Place of Business
16700 GULF BLVD
N. REDINGTON BEACH FL 33708
US

Mailing Address
9W. 9TH ST
P.O. BOX 1379. N/A
TULSA OK 74101
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1945
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-6068180 — 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

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 Zip
30 Country

9. Name and Address of Current Registered Agent

MOORE, TUCKER
16700 GULF BLVD.
REDINGTON BCH. FL 33708

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE ______

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP	11 TITLE	PST ☒ Change ☒ Addition
NAME	MOORE, C. T.	12 NAME	
STREET ADDRESS	16700 GULF BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	NO REDINGTON BCH FL	14 CITY-ST-ZIP	33708
TITLE	STD	21 TITLE	V D ☒ Change ☒ Addition
NAME	CARTWRIGHT, MARY K.	22 NAME	
STREET ADDRESS	5309 E PALOMINO RD	23 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ	24 CITY-ST-ZIP	85018
TITLE	STD	31 TITLE	VD ☒ Change ☒ Addition
NAME	MOORE, MELISSA A.	32 NAME	
STREET ADDRESS	16700 GULF BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	NO REDINGTON BCH FL	34 CITY-ST-ZIP	33708
TITLE		41 TITLE	V ☐ Change ☒ Addition
NAME		42 NAME	B. A. A. MOHR
STREET ADDRESS		43 STREET ADDRESS	P.O. BOX 1724
CITY-ST-ZIP		44 CITY-ST-ZIP	ST. PETERSBURG, FL 33731
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: C. T. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95
Date

0392390 CP