

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 # 143694 (8)

1. Corporation Name

TIDES CORPORATION



Principal Place of Business

Mailing Address

16700 GULF BLVD  
N. REDINGTON BEACH FL 33708  
US

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

3. Date Incorporated or Qualified

01/30/1945

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 9 WEST 9TH ST.

26

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and the applicable date

NOTE: Registered Agent Signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME PST  
STREET ADDRESS MOORE, C. T.  
CITY - ST - ZIP 16700 GULF BLVD  
NO REDINGTON BCH FL

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS CARTWRIGHT, MARY K.  
CITY - ST - ZIP 5309 E PALOMINO RD  
PHOENIX AZ

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS MOORE, MELISSA A.  
CITY - ST - ZIP 16700 GULF BLVD  
NO REDINGTON BCH FL

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS MOHR, B A A  
CITY - ST - ZIP P.O. BX 1724  
ST. PETE FL

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

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
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)(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:

*C. T. Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

Daytime Phone

CR2E034 (12/95)