## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

2a. Mailing Address

P.O. BOX 1379 **TULSA OK 74101** 

HS

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 186678**

1. Corporation Name

**TIDES COURT INC** 

Principal Place of Business

2. Principal Place of Business

P.O. BOX 1379

**TULSA OK 74101** 

Not Applicable 59-6081118 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip 8. This corporation owes the current year Intangible Zio Country X Yes □ No Personal Property Tax. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MOORE, TUCKER Street Address (P.O. Box Number is Not Acceptable) 82 16400 GULF BLVD. STE. 507 **REDINGTON BEACH FL 33708** 83 85 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE MOORE, C. T. 1.2 NAME NAME 16400 GULF BLVD. STE. 507 1.3 STREET ADDRESS STREET ADDRESS **REDINGTON BEACH FL 33708** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME CARTWRIGHT, MARY K. NAME 2.3 STREET ADDRESS 5309 E. PALOMINO RD STREET ADDRESS PHOENIX AZ 85018 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME MOORE, MELISSA A. NAME 16400 GULF BLVD. STE. 507 3.3 STREET ADDRESS STREET ADDRESS **REDINGTON BEACH FL 33708** 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME MOHR B.A.A., NAME 4.3 STREET ADDRESS 16400 GULF BLVD. STE. 507 STREET ADDRESS **REDINGTON BEACH FL 33708** 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 51 TH F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY+ST-ZIP 14. I 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

on an attachment with an address, with all other like empowered. Block 12 or Block 13 if char SIC MATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90177 015 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

07/20/1955 4. FEI Number

CR2E034 (11/98)