

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 7:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 195406

(4)

1. Corporation Name

TYLER-HAWES CORPORATION

Principal Place of Business

**POST OFFICE BOX 402
DADE CITY FL 33526-0402
US**

Mailing Address

**POST OFFICE BOX 402
DADE CITY FL 33526-0402
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/20/1956

3a. Date of Last Report
03/08/1994

4. FEI Number
59-6068457

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. 190.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SUMNER, ROBERT D.
106 S. 8TH ST.
DADE CITY FL 33525**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
HAWES, L.C., JR.
14412-22ND ST.
DADE CITY FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
TYLER, NORMA H
1776-6TH ST., N.W., #006
WINTER HAVEN FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
HAWES, CLARICE
14412-22ND ST.
DADE CITY, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VS
CHOATE, JOANNE M.
12118 CONRAD DRIVE
DADE CITY FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PT
HAWES, HARRY W.
3839 COUNTY ROAD 48
OKAHUMPKA FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(b), 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: Joanne M. Choate
Joanne M. Choate

April 18, 1995 (904) 567-3264