

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90087 014 ***150.00

0314930

DOCUMENT # 195406

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6068457**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMNER, ROBERT D
14150 6TH STREET
DADE CITY FL 33525

Name

Joanne M. Choate

Street Address (P.O. Box Number is Not Acceptable)

14220 14th Street

City

Dade City

FL

Zip Code
33523

8. 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.

Joanne M. Choate

SIGNATURE

Joanne M. Choate, V. Pres./Sec.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HAWES, L.C., JR.	
STREET ADDRESS	14412-22ND ST.	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TYLER, NORMA H	
STREET ADDRESS	1776-6TH ST., N.W., #606	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAWES, CLARIECE	
STREET ADDRESS	14412-22ND ST.	
CITY-ST-ZIP	DADE CITY, FL 00000	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CHOATE, JOANNE M.	
STREET ADDRESS	12118 CONRAD DRIVE	
CITY-ST-ZIP	DADE CITY FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	HAWES, HARRY W.	
STREET ADDRESS	3839 COUNTY ROAD 48	
CITY-ST-ZIP	OKAHUMPKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joanne M. Choate
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01

Date

(352) 567-3244

Daytime Phone #

CR2E034 (10/00)