

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 # 284193 (0)

1. Corporation Name

INFORMATION PROCESSING INCORPORATED

Principal Place of Business

4 OLD POST RD.
LONGWOOD FL 32779-3033

Mailing Address

4 OLD POST RD.
LONGWOOD FL 32779-3033



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 21500 SW 10th St.

27 Suite, Apt. #, etc.

28 City & State

28 DUNNELLON, FL

29 Zip Country

29 34431 30

3. Date Incorporated or Qualified
08/12/1964

3a. Date of Last Report
08/18/1995

4. FEI Number
59-1055199

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

9. Name and Address of Current Registered Agent

TYRA JR T D
4 OLD POST RD.
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name T. D. TYRA, JR., PRES.
82 Street Address (P.O. Box Number is Not Acceptable)
21500 SW 10th St.
83
84 City DUNNELLON FL 85 Zip Code 34431

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 T. D. Tyra, Jr., Pres.

4-30-96

Signature, typed or printed name of registered agent and title if an Agent (NOTE: Registered Agent signature required when resigning)

DATE

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
SVD	WILLIAMS M W	5090 PARKRIDGE CT	OVIEDO, FL 00000	<input type="checkbox"/>
PD	TYRA JR TD	4 OLD POST RD.	LONGWOOD FL	<input type="checkbox"/>
AS	TURA, JOYCE L.	4 OLD POST RD	LONGWOOD FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SV
1.2 NAME	M. W. WILLIAMS
1.3 STREET ADDRESS	5090 PARKRIDGE CT.
1.4 CITY-ST-ZIP	OVIEDO, FL
2.1 TITLE	PRES
2.2 NAME	T. D. TYRA, JR.
2.3 STREET ADDRESS	21500 SW 10th St.
2.4 CITY-ST-ZIP	DUNNELLON, FL 34431
3.1 TITLE	AS
3.2 NAME	JOYCE L. TYRA
3.3 STREET ADDRESS	21500 SW 10th St.
3.4 CITY-ST-ZIP	DUNNELLON, FL 34431
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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)(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: T. D. Tyra, Jr., Pres. 4-30-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)