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 # **300172** **(4)**

1. Corporation Name
TYBRO, INC.

Principal Place of Business	Mailing Address
1346 LAKE CLAY DRIVE LAKE PLACID FL 33852 US	1346 LAKE CLAY DRIVE LAKE PLACID FL 33852 US

3. Date Incorporated or Qualified: **01/01/1966**
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-1151450** ☐ 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

TYSON,ALAN M.
1346 LAKE CLAY DRIVE
LAKE PLACID FL 33852

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ATD	☐ DELETE	1.1 TITLE	ATD	☒ Change ☒ Addition
NAME	TYSON, JEFFREY A.		1.2 NAME	TYSON, JEFFREY A.	
STREET ADDRESS	33 TYPSON ROAD		1.3 STREET ADDRESS	33 TYSON ROAD	
CITY-ST-ZIP	VENUS FL		1.4 CITY-ST-ZIP	VENUS, FL "33960"	
TITLE	PSTD	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	TYSON, GLORIA L		2.2 NAME	← SAME	
STREET ADDRESS	1346 LAKE CLAY DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL		2.4 CITY-ST-ZIP	LAKE PLACID, FL "33852"	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	MULAR, LISA L		3.2 NAME	← SAME	
STREET ADDRESS	P.O. BOX 253 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAALEHU HI		3.4 CITY-ST-ZIP	NAALEHU, HI "96772"	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	TYSON, ALAN M.		4.2 NAME	← SAME	
STREET ADDRESS	1346 LAKE CLAY DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL		4.4 CITY-ST-ZIP	LAKE PLACID, FL "33852"	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	500001 775795 -04/10/96--01060--021 ***200.00	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Gloria L. Tyson 4-4-96 (941) 465-0638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #