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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90010 031 ***158.75

DOCUMENT # 300172 1. Corporation Name TYBRO, INC. Mailing Address Principal Place of Business 1346 LAKE CLAY DRIVE 1346 LAKE CLAY DRIVE LAKE PLACID FL 33852 LAKE PLACID FL 33852 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/01/1966 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-1151450 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 又 Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country 8. This corporation owes the current year Intangible Zip Country □No Personal Property Tax. 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 TYSON,ALAN M. 82 Street Address (P.O. Box Number is Not Acceptable) 1346 LAKE CLAY DRIVE LAKE PLACID FL 33852 83 84 85 Zip Code 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** DATE Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ☐ Addition ☐ Change □ DELETE 1.1 TITLE TITLE ATD TYSON, JEFFREY A. 12 NAME NAME 1.3 STREET ADDRESS 33 TYSON ROAD STREET ADDRESS VENUS FL 33960 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE VSD 2.1 TITLE TITLE TYSON, GLORIA L 2.2 NAME NAME 1346 LAKE CLAY DRIVE 2.3 STREET ADDRESS STREET ADDRESS LAKE PLACID FL 33852 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 3.1 TITLE TITLE NAME MULAR, LISA L 3.2 NAME P.O. BOX 253 N/A 3.3 STREET ADDRESS STREET ADDRESS NAALEHU HI 96772 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TOFIETE 4.1 TITLE **PTD** TITLE TYSON, ALAN M. 4. 2 NAME NAME 1346 LAKE CLAY DRIVE 4.3 STREET ADDRESS STREET ADDRESS LAKE PLACID FL 33852 CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Addition DELETE □ Change TITLE 62 NAME NAME 6.3 STREET ADDRESS

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

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADORESS

CITY-ST-ZIF

SALES STATES AND THE THE THE BOAME OF SIGNING OFFICER OR DIRECTOR

3-29-99 (94) 465-0638

CR2E034 (11/98)