

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 326602 (0)

1. Corporation Name

TINDEL CONSTRUCTION, INC.



Principal Place of Business

822-1 W. WHITE AVE.  
GRACEVILLE FL 32440  
US

Mailing Address

P.O. BOX 476  
GRACEVILLE FL 32440  
US

3. Date Incorporated or Qualified

02/21/1968

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1203017

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUTCHFIELD, CLYDE  
5770 HWY. 77  
GRACEVILLE FL 32440

81

Name

Crutchfield, Michael

82

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

5553 Brown Street

83

84

City

Graceville

FL

85

Zip Code

32440

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

Michael Crutchfield

5/9/96  
DATE

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME CRUTCHFIELD, CLYDE  
STREET ADDRESS 5770 HWY 77  
CITY-ST-ZIP GRACEVILLE, FL 00000 ☒ DELETE

TITLE SD  
NAME CRUTCHFIELD, ELOISE  
STREET ADDRESS 5770 HWY 77  
CITY-ST-ZIP GRACEVILLE, FL 00000 ☐ DELETE

TITLE VD  
NAME CRUTCHFIELD, MICHAEL  
STREET ADDRESS 5553 BROWN STREET  
CITY-ST-ZIP GRACEVILLE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE PD  
3.2 NAME Crutchfield, Michael  
3.3 STREET ADDRESS 5553 Brown Street  
3.4 CITY-ST-ZIP Graceville, FL 32440 ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Crutchfield

904-263-3223  
Date: District Phone #

CR2E034 (12/95)