SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED **PROFIT** Jul 22 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 551844 DOCUMENT # TYNDALL PUBLISHING LIMITED, INC. Principal Place of Business Mailing Address **5 WATER OAK** 5 WATER OAK FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 11/23/1977 01/26/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 59-1803795 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 29 30 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name mullen. Helen e. **5 WATER OAK** Street Address (P.O. Box Number is Not Acceptable) AMELIA ISLAND, FLORIDA 32034 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. STD Change Addition DELETE 1.1 TITLE TITLE MULLEN, HELEN E. 1.2 NAME NAME **5 WATER OAK** 1.3 STREET ADDRESS STREET ADDRESS AMELIA ISLAND, FL 00000 1.4 CITY-S1-7IP City-St-ZiP Addition DELETE ☐ Change 2.1 TITLE TITLE BENSON, RICHARD V. 2.2 NAME 12 RED CEDAR ROAD 2 3 STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL 2 4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-\$T-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. I do 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 logal 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.

enstuming learner