

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

APPROVED
AND
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95 MAY -1 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Norman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 606700

(3)

1. Corporation Name

J.R. TILMAN, INC.

Principal Place of Business

1040 AURORA ROAD
MELBOURNE FL 32935

Mailing Address

1040 AURORA ROAD
MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1979

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1873919

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

9. This corporation has liability for statements filed under § 190.022,

Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CRANK, NORMAN JR
5430 PINA VISTA DR.
MELBOURNE FL 32935

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

Name of Agent (Printed name of registered agent is not required)

Name of Registered Agent (Printed name of registered agent is not required)

Date

12. OFFICERS AND DIRECTORS

12.1	PD
NAME	CRANK, NORMAN JR
STREET ADDRESS	5430 PINA VISTA DR
CITY, ST, ZIP	MELBOURNE FL
12.2	SD
NAME	CRANK, WILMA L
STREET ADDRESS	5430 PINA VISTA DR
CITY, ST, ZIP	MELBOURNE FL
12.3	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.4	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.5	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.6	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	13.1 NAME	☐ Change ☐ Addition
13.2	13.2 NAME	
13.3	13.3 STREET ADDRESS	
13.4	13.4 CITY, ST, ZIP	
13.5	13.5 NAME	☐ Change ☐ Addition
13.6	13.6 NAME	
13.7	13.7 STREET ADDRESS	
13.8	13.8 CITY, ST, ZIP	
13.9	13.9 NAME	☐ Change ☐ Addition
13.10	13.10 NAME	
13.11	13.11 STREET ADDRESS	
13.12	13.12 CITY, ST, ZIP	
13.13	13.13 NAME	☐ Change ☐ Addition
13.14	13.14 NAME	
13.15	13.15 STREET ADDRESS	
13.16	13.16 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 199.03(4)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if such officer or director, 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 of this filing stamped with an official seal with an address.

SIGNATURE:

Norman Crank, Jr.
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/95 (407) 254-1770