FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **659284** **(4)**

1. Corporation Name
TYLER BUSINESS SYSTEMS, INC.

Principal Place of Business	Mailing Address
13557 66TH STREET NORTH LARGO FL 34641-4909	13557 66TH STREET NORTH LARGO FL 34641-4909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/05/1980**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business
21 4625 East Bay Drive
22 Suite, Apt. #, etc. 201
23 City & State: Clearwater, FL
24 Zip: 34624 25 Country:

2a. Mailing Address
26 4625 East Bay Drive
27 Suite, Apt. #, etc. 201
28 City & State: Clearwater, FL
29 Zip: 34624 30 Country:

4. FEI Number: **59-2092808** ☐ 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

TYLER, HENRY W.
13557 66TH STREET NORTH
LARGO FL 33541

10. Name and Address of New Registered Agent

81 Name: Henry W. Tyler
82 Street Address (P.O. Box Number is Not Acceptable): 4625 East Bay Drive Suite 201
83
84 City: Clearwater FL 85 Zip Code: 34624

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 _____ (If changing Registered Agent, Registered Agent must sign above) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	TYLER, HENRY W.
STREET ADDRESS	13 BELLEVUE DR
CITY ST ZIP	TREASURE ISLAND FL
TITLE	D
NAME	TYLER, TIMOTHY T.
STREET ADDRESS	17 BELLEVUE DR
CITY ST ZIP	TREASURE ISLAND FL
TITLE	TDV
NAME	TYLER, CRAIG H
STREET ADDRESS	18 MARINA TERR
CITY ST ZIP	TREASURE ISLAND, FL00000
TITLE	D
NAME	TYLER, SCOTT J.
STREET ADDRESS	2862 SABER DRIVE
CITY ST ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change	☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE	☐ Change	☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE	☐ Change	☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE	☐ Change	☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE	☐ Change	☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE	☐ Change	☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 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 above, or on an attachment with an address.

SIGNATURE: _____ 2/20/95 813-536-5588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Area Code & Daytime Phone Number

0043104 CP