## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

1 FLORIDA DEPARTMENT OF STATE CORPORATION 98 NOV 19 AM 10: 23 Sandra B. Mogtham ANNUAL REPORT Secretary of State SECRETARY OF STATE 1998 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA DOCUMENT #

1. Corporation Name F01191 (8) TYSON'S TINY TOTS, INC. Principal Place of Business Mailing Address 542 22ND ST. 542 22ND ST. C/O JOSEPH B.L TYSON C/O JOSEPH B.L TYSON DO NOT WRITE IN THIS SPACE WEST PALM BEACH FL 33407-5804 WEST PALM BEACH FL 33407-5904 3. Date Incorporated or Qualified 10/10/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2665236 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\mathbf{X}$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TYSON, JOSEPH B. 542 22ND ST. Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 83 500<u>0026</u>983: 8 84 City \*\*\*\*\*558.75 \*\*\*\*558**. TSL** 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE  $\mathbf{m}$ 1.1 TITLE Change Addition TYSON, JOSEPH B. 1.2 NAME NAME CR2E034 524 22ND ST. STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33407-5804 1.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition TITLE PD 2.1 TITLE TYSON, MALISSA N MAME 2.2 NAME 542 22ND STREET STREET ADDRESS 2.3 STREET ADDRESS W PALM BEACH, FL 0 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE\* Š 3.1 TITLE TYSON, KARL B NAME 3.2 NAME 542 22ND STREET 3.3 STREET ADDRESS STREET ADDRESS W PALM BEACH, FL 0 3,4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE **BUIE, ALTERMEASE** NAME 4. 2 NAME C/O 542 22ND STREET STREET ADDRESS 4.3 STREET ADDRESS W PALM BEACH FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

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

on an attachment with an address.

CITY-ST-ZIP

SIGNATURE:

Block 12 or Block 13 if changed

ALLKOVED

AND