

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000005747

1. Corporation Name  
TYCOR MEDICAL, INC.

Principal Place of Business  
342 FAIRWAY BLVD.  
PANAMA CITY BEACH FL 32407

Mailing Address  
342 FAIRWAY BLVD.  
PANAMA CITY BEACH FL 32407



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 SEP 29 PM 12:33

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

HODGES, ANNE M  
342 FAIRWAY BLVD.  
PANAMA CITY BEACH FL 32407

3. Date Incorporated or Qualified

10/14/1998

4. FEI Number

84-1094462

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

400003005674--7  
-10/05/99--01050--016  
\*\*\*\*\*550.00 FL ZIP CODE \*\*\*\*\*550.00

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT  
NAME HODGES, ANNE M  
STREET ADDRESS 342 FAIRWAY BLVD.  
CITY-STATE-ZIP PANAMA CITY BEACH FL 32407  
TITLE VS  
NAME HODGES, WM M JR  
STREET ADDRESS 342 FAIRWAY BLVD.  
CITY-STATE-ZIP PANAMA CITY BEACH FL 32407

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP  
21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP  
31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP  
41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP  
51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP  
61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \* Anne M Hodges

9-26-99

Date

Daytime Phone #

0058708

CR2E034 (11/98)