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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -8 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G11665 (8)**

1. Corporation Name
TICKNOR ENTERPRISES, INC.

Principal Place of Business Mailing Address
2542 MARYLAND AVE. TAMPA FL 33629 US **2542 W. MARYLAND AVE. TAMPA FL 33629 US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **12/03/1982** 3a. Date of Last Report **03/03/1994**

4. FEI Number **59-2331610** 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

2. Principal Place of Business 2a. Mailing Address
21 **115 KINGS CT. NW** 26 **115 KINGS CT. NW**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **LAKE PLACID, FL** 28 **LAKE PLACID, FL**
24 **33852** 25 **US** 29 **33852** 30 **US**

9. Name and Address of Current Registered Agent **AUSTIN, RICHARD B. S-320, ROCHESTER BLDG., 8390 N.W. 53RD ST. MIAMI FL 33166**

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

Signature, typed or printed name of registered agent and title of office

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE PD	1.1 TITLE PD	2. NAME TICKNOR, HOWARD W	2.1 NAME TICKNOR, DONNA L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS 2542 MARYLAND AVE., W. TAMPA FL	3.1 STREET ADDRESS 115 KINGS CT. NW. LAKE PLACID, FL 33852	4. CITY-STATE-ZIP TAMPA FL	4.1 CITY-STATE-ZIP LAKE PLACID, FL 33852
5. TITLE STD	5.1 TITLE STD	6. NAME TICKNOR, DONNA L	6.1 NAME TICKNOR, HOWARD W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
7. STREET ADDRESS 2542 MARYLAND AVE., W. TAMPA FL	7.1 STREET ADDRESS 115 KINGS CT. NW. LAKE PLACID, FL 33852	8. CITY-STATE-ZIP TAMPA FL	8.1 CITY-STATE-ZIP LAKE PLACID, FL 33852
9. TITLE	9.1 TITLE	10. NAME	10.1 NAME
11. STREET ADDRESS	11.1 STREET ADDRESS	12. CITY-STATE-ZIP	12.1 CITY-STATE-ZIP
13. TITLE	13.1 TITLE	14. NAME	14.1 NAME
15. STREET ADDRESS	15.1 STREET ADDRESS	16. CITY-STATE-ZIP	16.1 CITY-STATE-ZIP
17. TITLE	17.1 TITLE	18. NAME	18.1 NAME
19. STREET ADDRESS	19.1 STREET ADDRESS	20. CITY-STATE-ZIP	20.1 CITY-STATE-ZIP
21. TITLE	21.1 TITLE	22. NAME	22.1 NAME
23. STREET ADDRESS	23.1 STREET ADDRESS	24. CITY-STATE-ZIP	24.1 CITY-STATE-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 118.07(3)(k), 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.

SIGNATURE: *Donna L. Ticknor President* **MARCH 1, 1995** (813) 258-3336
DONNA L. TICKNOR, PRESIDENT