## 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 # G84107**

1. Corporation Name

TYLER'S FULL SCOOP, INC.

Principal	Place	of	Business

Mailing Address

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90063 025 \*\*\*150.00



9604 CORTEZ F BRADENTON FL		9604 CORTEZ RD W #223 BRADENTON FL 34210			DO NOT WRITE	IN THIS S	SPACE		
					3. Date Incorporated or Qualifed 02/10/1984		_		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		/	Applied For	
21		26	_		59-2383708			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional	
22		27			S. Corkingate of Campa	<u> </u>		Required	
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution			O May Be d to Fees	
Zip 24	Country 25	Zip 29 3	Country 30	•	This corporation owes the current Personal Property Tax.	t year Inta	ngible X Yes	□No	
1	9. Name and Address of Current				10. Name and Address of New Reg	istered A	gent		
			81	Name				}	
TYLER, LAWRENCE C., JR. 9604 CORTEZ RD W #223				Street Add	t Address (P.O. Box Number is Not Acceptable)				
BRAI	DENTON FL 34210		83			-			
			84	City		FL	85 Zi	p Code	
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State on n familiar with, and accept the obligat	of Florida. Such change was aut	thorized by	the corporati	poration submits this statement for the pu on's board of directors. I hereby accept t	rpose of c	changing i tment as	its registered registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: 8	Registered Age	nt signature require	ed when reinstating)	DATE			
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS ANI			
TITLE	PD	☐ DELETE	1.1 TITLE				Chang	e	
NAME	TYLER, LAWRENCE C., JR.		1.2 NAME						
STREET ADDRESS	9604 CORTEZ RD W #223		1.3 STREE	T ADDRESS				1	
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-S	IT-ZIP					
TITLE	STD	☐ DELETE	2.1 TITLE				☐ Chang	e	
NAME	TYLER, DOLORES J.		2.2 NAME						
STREET ADDRESS	9604 CORTEZ RD W #223		2.3 STREE	T ADDRESS					
CITY-ST-ZIP	BRADENTON FL		2. 4 CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE				☐ Chang	e 🗌 Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP			3 4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Chang	e Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADDRESS					
CITY-ST-ZIP			4.4 CITY-5	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Chang	e 🗀 Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS				İ	
CITY-ST-ZIP			5.4 CITY-5	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Chang	e 🗍 Addition	
NAME			6.2 NAME					ļ	
STREET ADDRESS			6.3 STREE	TADDRESS					
CITY-ST-ZIP			6.4 CITY-5	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 eceiver 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:

L.C. TYLER, JR. SIGNATURE AND TYPEL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-795-0601