

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H23159

FILED  
Jun 04, 2012  
Secretary of State

**Entity Name:** ROBERT TISON AND ASSOCIATES, INC.

**Current Principal Place of Business:**

12341 YELLOW BLUFF RD  
STE 2  
JACKSONVILLE, FL 32226 US

**New Principal Place of Business:**

**Current Mailing Address:**

12341 YELLOW BLUFF RD  
STE 2  
JACKSONVILLE, FL 32226 US

**New Mailing Address:**

**FEI Number:** 59-2445309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TISON, ROBERT  
12341 YELLOW BLUFF RD  
STE 2  
JACKSONVILLE, FL 32226 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: TISON, ROBERT  
Address: 12341 YELLOW BLUFF RD #2  
City-St-Zip: JACKSONVILLE, FL 32211

Title: S  
Name: TISON, SHARON C  
Address: 12341 YELLOW BLUFF RD #2  
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP  
Name: JOHNS, LORIE  
Address: 12341 YELLOW BLUFF RD #2  
City-St-Zip: JACKSONVILLE, FL 32226 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LORIE JOHNS

VP

06/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date