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Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90130 028 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT #	H43698

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1. Corporation Nam	ration of tyson sue	BDIVISION, INC.			\			
H-4 CURPUI	INTION OF THOSE SE				\\		######################################	JI 1001
						() DECENT ONLY DIRECTIVE STATE COLOR CONTROL OF THE PERSON OF THE PERSO		
a : vis al Diago of F	Ausiness	Mailing Address						
Principal Place of Business 5812 16TH ST.				DO NOT WRITE IN THIS SPACE				
5812 16TH ST. ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540 US								
US	.0.10	US				3. Date Incorporated or Qualifed		
1						02/20/1985 4. FEI Number	Applied	
		2a. Mailing Address				59-2535739	Not App	
2. Principal Place	2. Principal Place of Business 2a. Walling Addition 24.					\$8.75 Additi	onal	
21	Suite, Apt, #, etc.				5. Certificate of Status Desired	Fee Require		
Suite, Apt. #, e	Suite, Apt. #, etc. 27					6. Election Campaign Financing	\$5.00 May	
22		City & State			•	Trust Fund Contribution	Added to Fe	<u>es</u>
City & State		28	Cour	ntrv		a This corporation owes the current year Ir	_{itang} ible ⊠ Yes □N	ا ما
23	Country	Zip	30	1117		- Deports Tay		<u></u>
Zip	25	29:	301			10. Name and Address of New Registered	Agont	
24	9. Name and Address of Curr	ent Registered Agent			lame			
			ļ	00 6	troot Adds	ress (P.O. Box Number is Not Acceptable)		
SPRUM	NGER TYSON, JOYCE			82 5	Stieet Ado			
5812 1	16TH ST.			83				
	(RHILLS FL 33540			124	Cit.	F	85 Zip Cod	1
					City			jistered
		- 20 - 4 607 1508 Florida Statu	tes, the a	bove-r	named cor	poration submits this statement for the purpose poration submits this statement for the purpose appropriate programme and the purpose appropriate programme appropriate programme appropriate programme appropriate purpose appropriate programme	pointment as regis	tered
11. Pursuant to	the provisions of Sections 607.	ate of Florida. Such change was	autnorize orida Stat	d by in tutes.	e corporar	poration submits this statement for the purpose ion's board of directors. I hereby accept the apparent		1
office or reg	gistered agent, of dament the ob	ilgations of				DATE		
			E: Registere	d Agent s	ignature requi	red when reinstatung) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12 S
SIGNATURE	Signature, typed or printed name of registered	AND DIRECTORS	13			ADDITIONO/OTHERS	Change	
12.		☐ DELETE	1	TITLE	1	•		
TITLE	DPT TYSON, DUWAYNE			NAME				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
NAME	6134 7TH STREET				ADDRESS !			Addition
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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 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 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 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 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 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 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 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 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 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 indicated on this annual report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. STREET ADDRESS

SIGNATURE: