

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H83049

(7)

1. Corporation Name

TIPCO, INC.



Principal Place of Business

7750 PROFESSIONAL PLACE  
TAMPA FL 33637

Mailing Address

7750 PROFESSIONAL PLACE  
TAMPA FL 33637

3. Date Incorporated or Qualified  
10/24/1985

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2635606

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HUBBARD, C. DOUGLAS~~ JOSEPH P. POWERS  
~~6449 COUNTRY CLUB ROAD~~ 7750 Professional Pl.  
~~WESLEY CHAPEL FL 33344~~ Tampa, FL 33637

81

Name

JOSEPH P. POWERS

82

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

83

City

7750 Professional PLACE

84

State

TAMPA

FL

85 Zip Code

33637

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 JOSEPH P. POWERS, Exec. VP

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-29-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HUBBARD, C. DOUG  
STREET ADDRESS 6449 COUNTRY CLUB ROAD  
CITY-ST-ZIP WESLEY CHAPEL FL

☒ DELETE

TITLE VPS  
NAME SMITH, PEGGY H.  
STREET ADDRESS 1402 OAKWOOD LANE EAST  
CITY-ST-ZIP PLANT CITY FL

☐ DELETE

TITLE VP  
NAME ANTHONY, CARL A.  
STREET ADDRESS 103 FOXWOOD DRIVE  
CITY-ST-ZIP BRANDON FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

CD

☐ Change

☒ Addition

1.2 NAME

WILLIAM J. MERCURIO

1.3 STREET ADDRESS

7750 PROFESSIONAL PLACE

1.4 CITY-ST-ZIP

TAMPA, FL 33637

2.1 TITLE

PD

☐ Change

☒ Addition

2.2 NAME

JAMES MAREK

2.3 STREET ADDRESS

7750 PROFESSIONAL PLACE

2.4 CITY-ST-ZIP

TAMPA, FL 33657

3.1 TITLE

VD

☐ Change

☒ Addition

3.2 NAME

JOSEPH P. POWERS

3.3 STREET ADDRESS

7750 PROFESSIONAL PLACE

3.4 CITY-ST-ZIP

TAMPA, FL 33657

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 119.07(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:

PEGGY H. SMITH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

(813) 985-0003

Daytime Phone #

CR2E034 (12/95)