

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # H88778 (6)

1. Corporation Name
TAMISHE CORP.

Principal Place of Business Mailing Address
206 E. ROBERTSON STREET 206 E. ROBERTSON STREET
BRANDON FL 33511 BRANDON FL 33511

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/02/1985 3a. Date of Last Report 02/22/1994
4. FEI Number 59-2806944 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country

9. Name and Address of Current Registered Agent

CHIN, RONALD C.
206 E. ROBERTSON ST.
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name Michael J. Young
82 Street Address (P.O. Box Number is Not Acceptable) 206 E. Robertson St
83
84 City Brandon FL 85 Zip Code 33511

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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, if applicable,

(NOTE: Registered Agent signature required when reappointing)

DATE

3-14-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CHIN, RONALD C.
STREET ADDRESS 1106 KING ARTHUR CT.
CITY-ST-ZIP VALRICO FL

1.1 TITLE ☒ Change ☐ Addition

TITLE VD
NAME CHIN, STAFFORD A.
STREET ADDRESS 1106 KING ARTHUR CT.
CITY-ST-ZIP VALRICO FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE PD
NAME YOUNG, MICHAEL J.
STREET ADDRESS 3904 NAPA PLACELL
CITY-ST-ZIP VALRICO FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE STD
NAME YOUNG, KARINA B
STREET ADDRESS 3904 NAPA PLACE
CITY-ST-ZIP VALRICO FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Karina B. Young

3/14/95

813-685-1353