

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J13165 (2)**

1. Corporation Name
TILLMAN PIPPIN & SON REALTY, INC.



Principal Place of Business: **ROUTE 5, BOX 129, STATE RD. 280, CHIPLEY FL 32428**
Mailing Address: **ROUTE 5, BOX 129, STATE RD. 280, CHIPLEY FL 32428**

3. Date Incorporated or Qualified: **05/05/1986**
3a. Date of Last Report: **08/11/1995**
4. FEI Number: **59-2673299**
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: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent
**PIPPIN, TILLMAN O.
ROUTE 5, BOX 129
STATE RD. 280
CHIPLEY FL 32428**

10. Name and Address of New Registered Agent
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83 City; 84 FL; 85 Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.05(8), 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.02(2) and 607.05(8), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	PD PIPPIN, PHILIP D.	13.1 TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	RT 5, BOX 129, ST RD 280	13.2 NAME	
12.3 CITY & STATE	CHIPLEY FL	13.3 STREET ADDRESS	
12.4 ZIP	STD	13.4 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME	PIPPIN, TILLMAN O.	13.5 NAME	
12.6 STREET ADDRESS	RT 5, BOX 129, ST RD 280	13.6 STREET ADDRESS	
12.7 CITY & STATE	CHIPLEY FL	13.7 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 NAME		13.8 NAME	
12.9 STREET ADDRESS		13.9 STREET ADDRESS	
12.10 CITY & STATE		13.10 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME		13.11 NAME	
12.12 STREET ADDRESS		13.12 STREET ADDRESS	
12.13 CITY & STATE		13.13 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY & STATE		13.16 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 NAME		13.17 NAME	
12.18 STREET ADDRESS		13.18 STREET ADDRESS	
12.19 CITY & STATE		13.19 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.02(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 registrar or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if my name is on an attached list with an address.

SIGNATURE: *Philip D. Pippin* **PHILIP D. PIPPIN** 2/22/96 (904) 638-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)