

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J25911 (5)

1. Corporation Name

TYJ, INC.

Principal Place of Business

% BARBARA PALAZZI
8511 S. FEDERAL HWY
PORT ST LUCIE FL 34952

Mailing Address

% BARBARA PALAZZI
8511 S. FEDERAL HWY
PORT ST LUCIE FL 34952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/25/1986

3a. Date of Last Report

04/11/1994

4. FEI Number

59-2711611

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 197.032,

Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

PALAZZI, BARBARA
8511 S. FEDERAL HWY
PORT ST LUCIE FL 33452

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

x Barbara Palazzi

(NOTE: Registered Agent signature required when re-registering)

DATE

4/14/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	P
NAME	PALAZZI, BARBARA
STREET ADDRESS	1447 SE GRAPELAND AVE.
CITY-STATE-ZIP	PORT ST. LUCIE FL
NAME	V
NAME	PALAZZI, RALPH
STREET ADDRESS	1447 SE GRAPELAND AVE.
CITY-STATE-ZIP	PORT ST. LUCIE FL
NAME	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	000001463830
2.4 CITY-STATE-ZIP	-04/24/95--01060--013
3.1 TITLE	***200.00 ***200.00
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 110.07(3)(d), 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:

x Barbara Palazzi (Barbara Palazzi)

x 4/14/95

x 878-8501

407-878-8501
4-21-95