

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 27 AM 10:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J49029 (8)

1. Corporation Name

TIPTON INTERIORS CONTRACTING, INC.

Principal Place of Business

**P.O. BOX 2614
OCALA FL 32678**

Mailing Address

**P.O. BOX 2614
OCALA FL 32678**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/22/1986

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2742138

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

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

9. Name and Address of Current Registered Agent

**TIPTON, JERRY WAYNE
ROUTE 4, BOX 3590
WILLISTON FL 32696**

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

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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TIPTON, JERRY WAYNE
STREET ADDRESS	P.O. BOX 2614 N/A
CITY - STATE - ZIP	OCALA FL
TITLE	D
NAME	MCLANE, LISA TIPTON
STREET ADDRESS	4451 SE 145TH ST
CITY - STATE - ZIP	SUMMERFIELD FL
TITLE	D
NAME	PILLOW, SHERRY TIPTON
STREET ADDRESS	7273 SE 120TH LANE
CITY - STATE - ZIP	BELLEVIEW FL
TITLE	D
NAME	TIPTON, RENNA ANNE
STREET ADDRESS	4449 SE 145TH ST
CITY - STATE - ZIP	SUMMERFIELD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - STATE - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - STATE - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	
2.4 CITY - STATE - ZIP	
3.1 TITLE	☐ Change ☐ Addition
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)(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:

Jerry W. Tipton
Jerry W. Tipton
SIGNATURE AND FILED ON FILING OF NAME OF SIGNING OFFICER OR DIRECTOR

4-21-95

(904)629-3300

(Date)

(Telephone #)