

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34478-2614
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1986	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 59-2742138	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

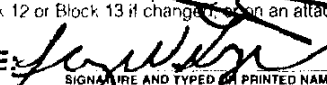
9. Name and Address of Current Registered Agent TIPTON, JERRY WAYNE ROUTE 4, BOX 3590 WILLISTON FL 32696		10. Name and Address of New Registered Agent	
81. Name	Tipton, Jerry Wayne		
82. Street Address (P.O. Box Number is Not Acceptable)	20651 NE HWY 27		
83.			
84. City	Williston	85. Zip Code	FL 32696

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	☐ Change ☐ Addition
NAME	TIPTON, JERRY WAYNE	1.2 NAME	
STREET ADDRESS	P.O. BOX 2614 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MCLANE, LISA TIPTON	2.2 NAME	
STREET ADDRESS	4451 SE 145TH ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	SUMMERFIELD FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	PILLOW, SHERRY TIPTON	3.2 NAME	Pillow, Sherri Tipton
STREET ADDRESS	7273 SE 120TH LANE	3.3 STREET ADDRESS	P.O. Box 681 or 10160 SE 139th Pl.
CITY - ST - ZIP	BELLEVIEW FL	3.4 CITY - ST - ZIP	Oklawaha FL Summerfield, FL
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	TIPTON, RENNA ANNE	4.2 NAME	
STREET ADDRESS	4449 SE 145TH ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	SUMMERFIELD FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 change is shown on an attachment with an address.

SIGNATURE:  JERRY W. TIPTON 3-21-97 352-629-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)