2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # J60723

1. Entity Name

TIPTON INTERIORS CONTRACTING OF NORTH FLORIDA, INC.



FILED Apr 23, 2008 08:00 AM **Secretary of State**

Principal Place of Business 8629 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256

Mailing Address PO BOX 830730 OCALA, FL 34483-0730



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02082008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-2811159 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TIPTON, JERRY W 3940 SOUTHEAST 45TH COURT OCALA, FL 34480

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
	Signature, typed or printed name of registered agent and title r	fapplicable. (NOTE: Registered	Agent agneture	required when renstating)	DATE	1.
FIEL NOTH: FEE ID 0 130.00 ·		Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees		1 <u>-</u> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADORESS CITY-ST-ZIP	PD TIPTON, JERRY WAYNE PO BOX 830730 OCALA, FL 344830730				U00000916621 05/13/08-80009-00)6 150 .0 0 ,

TITLE NAME MCCLANE, LISA TIPTON STREET ADDRESS 4451 S.E. 145TH ST. CITY-ST-ZIP SUMMERFIELD, FL TITLE NAME **UMLAND, SHERRI TIPTON** STREET ADDRESS PO BOX 681 CITY-ST-ZIP OKLAWAHA, FL TITLE LEVERT, RENNA TIPTON NAME STREET ADDRESS 4449 S.E. 145TH ST. CITY-ST-ZIP SUMMERFIELD, FL TITLE NAME

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Tipton Pres

(352)629-3300