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

FILED
95 JAN 23 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J68102 (9)

1. Corporation Name
TYSON TRADING COMPANY

Principal Place of Business	Mailing Address
% KENNETH S. DAVIS 102 NE HUNTER AVE MICANOPY FL 32667	% KENNETH S. DAVIS 102 NE HUNTER AVE MICANOPY FL 32667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1987
3a. Date of Last Report: 06/15/1994

2. Principal Place of Business
21: 17100 SW 10TH TERR.
Suite, Apt. #, etc. 22:
City & State 23: MICANOPY FL.
Zip 24: 32667 Country 25: ALACHUA

2a. Mailing Address
26: PO BOX 369
Suite, Apt. #, etc. 27:
City & State 28: MICANOPY FL.
Zip 29: 32667 Country 30: ALACHUA

4. FEI Number: 59-2798512 ☐ 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

9. Name and Address of Current Registered Agent

TYSON, WAYNE L.
102 NE HUNTER AVE
MICANOPY FL 32667-7369

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	TYSON, WAYNE	12 NAME	
STREET ADDRESS	102 NE HUNTER AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MICANOPY FL	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	TYSON, JEAN	22 NAME	
STREET ADDRESS	102 NE HUNTER AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MICANOPY FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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 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 changed, or on an attachment with an address.

SIGNATURE: Wayne S. Tyson 1/19/95 904-466-3410
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AND OFFICER OR DIRECTOR — Date — Daytime Phone #

0412022 FP