

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 11:40

DOCUMENT # **L03789 (9)**
1. Corporation Name
TILANE CORPORATION

Principal Place of Business Mailing Address
C/O TILANE CORPORATION **C/O TILANE CORPORATION**
1257 FLORIDA AVENUE **1257 FLORIDA AVENUE**
ROCKLEDGE FL 32955 **ROCKLEDGE FL 32955**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/24/1989** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2961984** 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. 199.032, Florida Statutes. Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 2b. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent
LANE, TIMOTHY
1257 FLORIDA AVE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent
81. Name **JAMES R. BOLLING**
82. Street Address (P.O. Box Number is Not Acceptable) **1257 FLORIDA AVENUE**
83. City **Rockledge** FL 85. Zip Code **32955**

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 *James R. Bolling* **JAMES R. BOLLING, CEO** 1/25/95
(NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS	
TITLE D	LANE, TIMOTHY G. 1257 SOUTH FLORIDA AVE. ROCKLEDGE FL 32955
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES R. BOLLING
1.3 STREET ADDRESS	1257 FLORIDA AVENUE
1.4 CITY-ST-ZIP	Rockledge FL 32955
2.1 TITLE	V.P. MARKETING <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHERYL A. LANE
2.3 STREET ADDRESS	1257 FLORIDA AVENUE
2.4 CITY-ST-ZIP	Rockledge FL 32955
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 in color; 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, as changed, or on an attachment with an address.

SIGNATURE: *James R. Bolling* **JAMES R. BOLLING, CEO** 1/25/95 407-632-1254
(Type in Print)