

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
BUREAU OF CORPORATIONS

DOCUMENT # **L19376** (7)
Tyson Bolt & Supply Company of Tampa, Inc.
TYSON BOLT & SUPPLY COMPANY OF TAMPA, INC.

Principal Office Address
C/O E. JACKSON BOGGS
2801 ADAMO DR.
TAMPA FL 33605

Mailing Address
C/O E. JACKSON BOGGS
2801 ADAMO DR.
TAMPA FL 33605

APPROVED
7/18/95

95 MAY -1 11:11 AM

SECRET
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date the corporation was organized		3a. Date of Last Report	
09/28/1989		02/04/1994	
4. FID Number		Applied For Not Applicable	
59-2970535			
5. Certificate of Status: Current		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
7. This corporation has liability for out-of-state franchise fees (Yes/No)		X No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BOGGS, E. JACKSON 501 EAST KENNEDY BLVD. SUITE 1700 TAMPA FL 33602		81. Name 82. Street Address (P.O. Box Number or Post Office) 83. 84. City FL 85. Zip Code	

11. The undersigned hereby certifies that the information furnished in this report is true and correct to the best of his knowledge and belief, and that he is a duly qualified and authorized agent of the corporation to execute this report and to receive the certificate of status thereon.

Signature of Agent: _____ Date: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: DPT TYSON, PAUL C. 2801 ADAMO DRIVE TAMPA FL DVS CHARLES, LYLE 2801 ADAMO DR. TAMPA FL	1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME 31. NAME 32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME 41. NAME 42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME 51. NAME 52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. NAME 58. NAME 59. NAME 60. NAME 61. NAME 62. NAME 63. NAME 64. NAME 65. NAME 66. NAME 67. NAME 68. NAME 69. NAME 70. NAME 71. NAME 72. NAME 73. NAME 74. NAME 75. NAME 76. NAME 77. NAME 78. NAME 79. NAME 80. NAME 81. NAME 82. NAME 83. NAME 84. NAME 85. NAME 86. NAME 87. NAME 88. NAME 89. NAME 90. NAME 91. NAME 92. NAME 93. NAME 94. NAME 95. NAME 96. NAME 97. NAME 98. NAME 99. NAME 100. NAME

14. The undersigned hereby certifies that the information furnished in this report is true and correct to the best of his knowledge and belief, and that he is a duly qualified and authorized agent of the corporation to execute this report and to receive the certificate of status thereon.

SIGNATURE: _____
PRESIDENT

4-28-95 815-248-1111