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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L89092 1. Corporation Name

TYR INC

I I II, NVO	"							
Principal Place	of Business	Mailing Address				::B: \$1611 \$16)	ı dısı: 9151(C	
1820 W. JEFFER	*	1820 W. JEFFERSON ST.	*					
OUINCY FL 323		QUINCY FL 32351			DO NOT WRI	TE IN THIS S	PACE	
	r v				Date Incorporated or Qualifed			
	•				07/26/1990		•	
2 Dringing Di	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
→ ·	ace of Dubilless	26 ·			59-3021750			t Applicable
Suite, Apt. i	# etc	Suite, Apt. #, etc.					\$8.75	Additional
22	, 5.0.	27			5. Certifcate of Status Desired		Fee Re	equired
City & State)	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution	<u> </u>	Added t	to Fees
Zip	Country	Zip	Country	•	8. This corporation owes the curr			
24		29	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent		<u> </u>	10. Name and Address of New I	Registered A	gent	
	UNI PEOON		81	Name				
BRO	WN, PEGGY		82	Street Add	ress (P.O. Box Number is Not Accepta	able)		
	W. JEFFERSON ST.							141.4 + 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
QUIN	ICY FL 32351		83			1.30		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			84	City			85 Zip (Code
			i	,		<u>FL</u>		
		and the second s		-				
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida State	utes, the abov	e-named corp	poration submits this statement for the	purpose of cl	nanging its ment as re	gistered
					poration submits this statement for the ion's board of directors. I hereby acce	purpose of cl pt the appoint	ment as re	gistered
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligati	ons of, Section 607.0505, F	lorida Statutes	s.	on a board of analysis is the easy acce	P 1	nanging its ment as re	gistered
office or reagent. I as	egistered agent, or both, in the State or m familiar with, and accept the obligati Signature, typed or printed name of registered agent	ons of, Section 607.0505, F and title if applicable. (NO	lorida Statutes	s.	ed when reinstating)	DATE		· · · · · · · · · · · · · · · · · · ·
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14. I 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 changed or on an attachment with an address, with all other like empowered. 850-627-8903

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90020 044 ***150.00

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