## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13 if

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M42824

(6)

TIPPETT CONSTRUCTION CORPORATION  Principal Place of Business Mailing Address  2453 COUNTRY OAKS LN PLAM BEACH GARDENS FL 33410-2009						
					3. Date incorporated or Qualified 12/08/1986	3a. Date of Last Report 03/26/1996
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2747882	Not Applicable	
n		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	<u> </u>	City & State			6. Election Campaign Financing	\$5.00 May Be
23	12 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for	
24	25 9. Name and Address of Currel	29	30		Florida Statutes  10. Name and Address of New Re	Yes No
TIPE	PETT, JAMES V.	it registated Again	81	Name	IV. Hallie and Addites of New Ne	grevered Agent
	3 COUNTRY OAKS LN		-	l	40.00	1.)
	E WORTH FL 33467		82	Street Acc	dress (P.O. Box Number is Not Acceptab	110)
			83			
			84	City		- 85 Zip Code
					rporation submits this statement for the p	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title it applicable. (NOT	TE: Registered Ac		ation's board of directors. I hereby acception is board of directors. I hereby acception is board of directors.	DATE
12.	OFFICERS AN	ID DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12  Change Addition
TITLE NAME	TIPPETT, JAMES V.		1.1 TITLE 1.2 NAME	1		Li change Li Addition
STREET ADDRESS	2453 COUNTRY OAK LN			T ADDRESS		
Dity - ST - ZIP	LAKE WORTH FL		1.4 CITY-	1		
TITLE	<b>DS</b> DELETE		2.1 TITLE	51 14		Change Addition
Name	TIPPETT, JOYCE R.		2.2 NAME	j		
STREET ADDRESS	2453 COUNTRY OAK LN		2.3 STREE	T ADDRESS		
CITY - ST - 7:1	LAKE WORTH FL	·····	2 4 City-ST-ZiP			
THILF		☐ DELETE	3.1 TITLE	}		Change Addition
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY - ST - 7IP	DELETE		3.4. CITY - 4.1 TITLE	ST-ZIP		Change Addition
TITLE !			4.1 IIILE 4.2 NAMI			Fil comple Fil vocilitis
STREET ADDRESS			1	T ADDRESS		
CHY-S1-ZIF			4.4 CITY-			
TIFLE	DELETE		51 TITLE		·	Change Addition
NAMI			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
C/TY+ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME	ļ		
STREET ADDRESS				T ADDRESS		
CHY-ST-ZIII	ou carlify that the information of malic	nd with this filing does not and	6.4 City-		ed in Section 119.07(3)(i), Florida Statute	is I further certify that the
informatio	in indicated on this annual report or	supplemental annual report is:	true and acc	urate and the	at my signature shall have the same lega ort as required by Chapter 607, Florida S	al effect as if made under oath; that

PESIDETH 1 4/1/97 / 56/-625-1/27

**FILED** 

Apr 08 1997 8:00am

Secretary of State