

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M76275 (0)

1. Corporation Name

TIFFANY INDUSTRIES, INC.



Principal Place of Business

Mailing Address

223 SW PT. LUCIE BLVD
PORT ST. LUCIE FL 34984
US

P.O. BOX 7336
PORT ST. LUCIE FL 34985
US

3. Date Incorporated or Qualified

04/13/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

8280 BUSINESS PARK DR.

27

City & State

City & State

23

PORT ST. LUCIE, FL

28

Zip

Country

Zip

Country

24

34952

25

PT LUCIE

29

30

4. FEI Number

65-0038991

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

10. Name and Address of New Registered Agent

TIFFANY, DAVID E.
507 S.E. RUBY COURT
PORT ST. LUCIE FL 34984

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

David E. Tiffany
Signature: typed or printed name of registered agent and applicable

(NOTE: Registered Agent signature required when resigning)

4/25/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME TIFFANY, DAVID E.
STREET ADDRESS 507 S.E. RUBY COURT
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE VPD ☒ DELETE
NAME ~~BROOMHALL, VINCE~~
STREET ADDRESS ~~6880 NW BROOKHAVEN AVE~~
CITY-ST-ZIP ~~PT. ST. LUCIE FL~~

TITLE D ☒ DELETE
NAME ~~MACPHEE, KEN~~
STREET ADDRESS ~~558 MOLET AVE~~
CITY-ST-ZIP ~~PT. ST. LUCIE FL~~

TITLE D ☒ DELETE
NAME ~~TIBUS, SUSAN~~
STREET ADDRESS ~~4005 GREENWOOD DR.~~
CITY-ST-ZIP ~~EL. PIERCE FL~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

David E. Tiffany
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96
DATE

Official Public Use

CR2E034 (12/95)