

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000058053	
1. Entity Name TISON SUPPLY INCORPORATED	
Principal Place of Business 369 BLANDING BLVD. UNIT 1002 ORANGE PARK, FL 32073	Mailing Address 369 BLANDING BLVD. UNIT 1002 ORANGE PARK, FL 32073



DO NOT WRITE IN THIS SPACE

04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3724106	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TISON, MICHAEL E
2756 RICHARDS ROAD
ORANGE PARK, FL 32065

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPST
NAME	TISON, KATHLEEN A
STREET ADDRESS	2756 RICHARDS ROAD
CITY-ST-ZIP	ORANGE PARK, FL 32065

TITLE	
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CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen A. Tison KATHLEEN A. TISON

4/26/05 (904) 272-0778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #