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REGISTERED IN THE
TREASURER'S OFFICE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000022114 (1)**

1. Corporation Name
TINY'S PLACE INC.

Principal Place of Business: **3488 PALM BEACH BLVD
UNITS 6, 7 & 8 PARK PLAZA SHOPPING CENTER
FT. MYERS FL**

Mailing Address: **3488 PALM BEACH BLVD.
UNITS 6, 7 & 8 PARK PLAZA SHOPPING CENTER
FT. MYERS FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/24/1993	3a. Date of Last Report 08/15/1994
4. FEI Number 65-0397621	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under Section 687 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. # etc. 22	State, Apt. # etc. 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUGAN, TERRY
2237 HIBISCUS RD.
FT. MYERS FL 33905**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.0602 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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STONE, LOUISE R
STREET ADDRESS	2337 GORHAM AVE. 2106 EPHRAIM AVE
CITY & STATE	FT. MYERS FL 33907
TITLE	DST
NAME	DUGAN, CAROL A
STREET ADDRESS	2237 HIBISCUS RD.
CITY & STATE	FT. MYERS FL 33905
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0506, Florida Statutes. I further certify that the information contained 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 this corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attached form with an address.

SIGNATURE:

Louise Rae Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LOUISE RAE STONE

April 29/95 813-998-3415
Date Time