

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000040182 (6)

1. Corporation Name  
TYL-OTT, INC.



Principal Place of Business

2623 GRAND BLVD  
UNIT 110  
HOLIDAY FL 34690  
US

Mailing Address

6966 OLDGATE CIR  
NEW PORT RICHEY FL 34655

3. Date Incorporated or Qualified  
06/01/1993

3a. Date of Last Report  
06/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number

59-3187557

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

JOHNSTON, FRED  
6966 OLDGATE CIR  
NEW PORT RICHEY FL 34655

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

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

(NOTE: Registered Agent signature required when reinstating)

4-26-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME JOHNSTON, FRED  
STREET ADDRESS 6966 OLDGATE CIR  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ DELETE

NAME JOHNSTON, SANDRA  
STREET ADDRESS 6966 OLDGATE CIR  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DP  
1.3 STREET ADDRESS JOHNSTON, FRED  
1.4 CITY-ST-ZIP 6966 OLDGATE CIR  
NEW PORT RICHEY, FL 34655

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DS  
2.3 STREET ADDRESS JOHNSTON, SANDRA  
2.4 CITY-ST-ZIP 6966 OLDGATE CIR  
NEW PORT RICHEY, FL 34655

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME V  
3.3 STREET ADDRESS FLEMING, DONALD P  
3.4 CITY-ST-ZIP 6915 OLDGATE CIR  
NEW PORT RICHEY, FL 34655

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 813-937-6117

Date

Daytime Phone #

CR2E034 (12/95)