

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 MAY 26 AM 7:46

DOCUMENT # P 93000 629 26

1. Corporation Name **Tyler Concrete Construction, Inc.**

Principal Place of Business

Mailing Address

**3219 Yule Tree Dr.
Edgewater, Fl. 32141**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 9/9/93	3a. Date of Last Report
4. FEI Number 54-3202799	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 (32). Florida Statutes ☐ yes ☐ no	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Carole Nelson 1523 Umbrella Tree Dr. Edgewater, Fl. 32132		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL B5 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 (Print or printed name of registered agent and fee if applicable)

(B1) Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President Vice President	11 TITLE	☐ Change ☐ Addition
NAME	Robert Wayne Tyler	12 NAME	
STREET ADDRESS	3219 Yule Tree Dr.	13 STREET ADDRESS	
CITY ST ZIP	Edgewater, Florida 32141	14 CITY ST ZIP	
TITLE	Secretary Treasurer	21 TITLE	☐ Change ☐ Addition
NAME	Robin A. Tyler	22 NAME	
STREET ADDRESS	3219 Yule Tree Dr	23 STREET ADDRESS	
CITY ST ZIP	Edgewater, Florida 32141	24 CITY ST ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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****225.00 ****225.00

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 119 073(1)(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: **Robin A. Tyler** **Robin A. Tyler** **5/9/95** **(904) 426-0842**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR