

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -6 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073887 (0)

1. Corporation Name

TITUSVILLE PUB. INC.

Principal Place of Business

**487 NORTH WASHINGTON AVENUE
TITUSVILLE FL 32780**

Mailing Address

**487 NORTH WASHINGTON AVENUE
TITUSVILLE FL 32780**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3207546

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Excluded Corporate Filings
Trust Filing Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.122,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. State Apt. #, etc.

26. State Apt. #, etc.

22. City & State

27. City & State

23. ZIP

24. ZIP

28. ZIP

29. ZIP

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BYRNE, JOHN
485 N. WASHINGTON AVENUE
TITUSVILLE FL 32780**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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 and 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 of person who is authorized to register agent and the corporation

Signature of Registered Agent (Signature required when appointing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS (If any, list name, address, and title)

NAME	D
NAME	BYRNE, JOHN
STREET ADDRESS	485 N. WASHINGTON AVE.
CITY, STATE, ZIP	TITUSVILLE FL 32780
NAME	D
NAME	BYRNE, GLORIA
STREET ADDRESS	485 N. WASHINGTON AVE.
CITY, STATE, ZIP	TITUSVILLE FL 32780
NAME	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

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 110.07(1)(a), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6/7 5 5 383 7647