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Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000085387 (7)

1. Corporation Name

TUCKER MANAGEMENT CORPORATION

Principal Place of Business

6946 SUNBEAM RD.  
SUITE 4  
JACKSONVILLE FL 32257

Mailing Address

6946 SUNBEAM RD.  
SUITE 4  
JACKSONVILLE FL 32257-0000



2. Principal Place of Business

21 8321 ALLWOOD CT  
Suite, Apt. #, etc.

22 City & State  
JACKSONVILLE, FL

23 Zip Country  
32256 U.S.

24 32256 25 U.S.

2a. Mailing Address

26 8321 ALLWOOD CT  
Suite, Apt. #, etc.

27 City & State  
JACKSONVILLE, FL

28 Zip Country  
32256 U.S.

29 32256 30 U.S.

3. Date Incorporated or Qualified

12/10/1993

3a. Date of Last Report

04/02/1996

4. FEI Number

59-3214862

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

TUCKER, ROBERT  
6946 SUNBEAM RD.  
SUITE 4  
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

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

8321 ALLWOOD CT

83

84 City

JACKSONVILLE, FL

85 Zip Code

32256

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

ROBERT TUCKER

Robert Tucker

4/8/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROBERT TUCKER,  
STREET ADDRESS 6946 SUNBEAM RD., STE. 4  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VPSD  
NAME MARGARET TUCKER,  
STREET ADDRESS 6946 SUNBEAM RD., STE. 4  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VP  
NAME TUCKER, BARBARA  
STREET ADDRESS 6946 SUNBEAM RD STE 4  
CITY-ST-ZIP JACKSONVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 8321 ALLWOOD CT  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 8321 ALLWOOD CT  
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 8321 ALLWOOD CT  
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)