## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT #	P94000004414 (6	3)

TIN MAN PRODUCTIONS, INC.

## **FILED** Apr 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					1 100 100 101 101 101 10 10 10 10 10 10	it maits ##i4t av		)		
1700 STARKEY		P.O. BOX 675								
LARGO FL 346	541	TAMPA FL 33601-0675 US								
İ		00				3. Date incorporated or Qualified	3a. Date	of Last I	Report	٦
						01/19/1994	04/2	2/1996		
	lace of Business	2a. Mailing Address				4. FEI Number		IA	pplied For	
21 6496		26				59-3219643			ot Applicable	_
Suite, Apt. #, etc. Suite, Apt. #, e			#, etc.			5. Certificate of Status Desired			Additional	
22	City & State City & State							Fee Required		
├──¬ <b>1</b> ′ <b>_</b>						6. Election Campaign Financing		May Be	-	
23 CO (	Country	Zip Country				Trust Fund Contribution				
24 33	771 25	29	30	1 ´		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9, Name and Address of Curren		1001		<del>,</del>	10. Name and Address of New Re			.,	1
BYI	NGTON, THERESA			il Na	ıme					1
	SOUTH BOULEVARD		}_	2 St	ent Addre	ess (P.O. Box Number is Not Acceptat	\ <u> </u>	<del></del> -		$\dashv$
	IPA FL 33606				- Tagare	The second secon				
			[8	3						]
			l a	4 Ci				<b>85</b> Zip	Code	┥
					•		FL	.		1
11. Pursuant f office or re agent. Lat	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607,1508, Florida Statu of Florida. Such change was ations of, Section 607,0505, Fl	ites, the abo authorized lorida Statu	ove·na by the les.	med corpo corporation	oration submits this statement for the pon's board of directors. I hereby acception	ourpose of control of the appoin	nanging ntment as	its registered s registered	
SIGNATURE	Signature: typed or printed hame of registered age	of and the Standards (SVC)	TC Business	la ant ala		d wheπ reinstaling)	DATE			1
12.	OFFICERS AND		13.	danı sığ	latore require	ADDITIONS/CHANGES TO OFFICE		IRECTO	RS IN 12	16
TITLE	PTD	DELETE	1,1 T/TL	E				Change	☐ Addition	
NAME	BYINGTON, THERESA		1,2 NAM	ΙE	ĺ					12
STREET ADDRESS	P.O. BOX 665 N/A		1.3 STR	ET ADDR	ESS					Įξ
CITY+ST+ZIF	TAMPA FL 33601-0665		14 CITY	- ST-ZIP						Įš
TITLE	VPSD	DELETE	2.1 TITL	E				Change	Addition	70
NAME	BYINGTON, WILLIAM C		2.2 NAM	E	Ţ					
STREET ADDRESS	P.O. BOX 665 N/A		2.3 STR	ET ADOF	E\$S					
City-ST-7IP	TAMPA FL 33601-0665			/-ST-ZH						1
TITLE		☐ DELETE	3.1 TITL				L	_ Change	Addition	
NAME			3.2 NAM	_	1					
STREET ADDRESS			1	ET ADDA	· · · · · · · · · · · · · · · · · · ·					1
CITY ST-7IP		DELETE		( - ST - Z#	<u>`</u>			Change	Addition	-
NAME		CT DECEIE	4.1 THTL 4.2 NAI		1		f	ากเพเกิล	CT Montroll	1
					ror					
STREET ADDRESS CITY+ST-7/P				EET ADDE - St- <i>zi</i> ip	- 1					
TITLE		DELETE	5.1 TITE					Change	Addition	$\dashv$
NAME		/V	5.2 NAM		1		-			
STREET ADDRESS				ET ADDE	ess					
CITY-ST-ZIP				- ST - ZIP	- 1					1
TITLE		DELETE	6.1 TITL					Change	Addition	1
NAME			6.2 NAN	IE						
STREET ADDRESS			6.3 STR	ET ADD	ESS					
CITY - S1 - ZIP			6.4 CITY	-\$1-ZIP						
										7

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 on an attachment with an address.

SIGNATURE: