

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007716 (1)

1. Corporation Name

TIPPETT CORPORATION OF NAPLES

Principal Place of Business

155 NOTTINGHAM DRIVE
SUITE B-104
NAPLES FL 33942

Mailing Address

155 NOTTINGHAM DRIVE
SUITE B-104
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/20/1994

3a. Date of Last Report

4. FEI Number

65-0462790

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. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 9874 WINTERVIEW DR.

2a. Mailing Address

26 9874 WINTERVIEW DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 NAPLES, FL.

27

City & State

City & State

23 NAPLES, FL.

28 NAPLES, FL.

Zip

Zip

Country

Country

24 33942

29 33942

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TIPPETT, THOMAS A
155 NOTTINGHAM DRIVE
SUITE B-104
NAPLES FL 33942

81 Name

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

9874 WINTERVIEW DR.

83

84 City

NAPLES

FL

85 Zip Code

33942

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY ST ZIP

PRESIDENT
THOMAS A. TIPPETT
9874 WINTERVIEW DR.
NAPLES, FL. 33942

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY ST ZIP

☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that the information included 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 the attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS A. TIPPETT

4/29/95

(813)643-6888