FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000051016 (1)**

1. Corporation Name
C P TUCKER INC

Principal Place of Business
3033 YANLEE LANE
JACKSONVILLE FL 32223

Mailing Address
3033 YANLEE LANE
JACKSONVILLE FL 32223

3. Date Incorporated or Qualified **07/06/1994**
3a. Date of Last Report **03/14/1995**

4. FEI Number **59-3264716** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

TUCKER, CYNTHIA P
3033 YANLEE LANE
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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 DATE

12. OFFICERS AND DIRECTORS

TITLE **VP**
NAME **TUCKER, FRANCIS E**
STREET ADDRESS **3033 YANLEE LANE**
CITY-ST-ZIP **JACKSONVILLE F**
☐ DELETE

TITLE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE 1 NAME 1 STREET ADDRESS 1 CITY-ST-ZIP ☐ Change ☐ Addition

2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP ☐ Change ☐ Addition

3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP ☐ Change ☐ Addition

4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP ☐ Change ☐ Addition

5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP ☐ Change ☐ Addition

6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP ☐ Change ☐ Addition

14. I DO HEREBY CERTIFY that the information supplied with this filing complies with the applicable law and that this entity qualifies for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requests to be filed in the future will be 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: Cynthia P. Tucker 4-9-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

904/268-6518
Daytime Phone Number

CR2E034 (12/95)