

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

INCORPORATION
AND ALIEN REGISTRATION
1995



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

95 MAY 10 AM 10:35

DOCUMENT # **P94000059835 (6)**

TYMAR ENTERPRISE CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address: **542 SE BROOKSIDE TER
PORT ST LUCIE FL 34983**
Mailing Address: **542 SE BROOKSIDE TER
PORT ST LUCIE FL 34983**

(DO NOT WRITE IN THIS SPACE)

2. Date of Incorporation: 08/15/1994		3a. Date of Last Report:	
21. Filing Number: 65-0511655		3b. Date of Last Report:	
22. Mailing Address:		4. Filing Number: 65-0511655	
23. Mailing Address:		5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required	
24. City & State:		6. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
25. City & State:		7. This corporation has liability for intangible tax under § 199(1)(c), Florida Statutes: ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81. Name: MCGUFFIE, MARGARET		81. Name:	
82. Street Address (P.O. Box Number is Not Acceptable): 542 SE BROOKSIDE TER		82. Street Address (P.O. Box Number is Not Acceptable):	
83. City & State:		83. City & State:	
84. City: PORT ST LUCIE		84. City:	
85. Zip Code: FL 34983		85. Zip Code:	

11. Pursuant to the provisions of Sections 607.04(2) 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. Each 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 Sections 607.04(2) Florida Statutes.

SIGNATURE:

(Signature of Registered Agent)

(Signature of Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN:	
1. NAME: D MCGUFFIE, MARGARET	1. NAME:	2. NAME:	☐ Change ☐ Addition
2. STREET ADDRESS: 542 SE BROOKSIDE TER	2. STREET ADDRESS:	3. NAME:	☐ Change ☐ Addition
3. CITY & STATE: PORT ST LUCIE FL 34983	3. CITY & STATE:	4. NAME:	☐ Change ☐ Addition
4. NAME:	4. NAME:	5. NAME:	☐ Change ☐ Addition
5. STREET ADDRESS:	5. STREET ADDRESS:	6. NAME:	☐ Change ☐ Addition
6. CITY & STATE:	6. CITY & STATE:	7. NAME:	☐ Change ☐ Addition
7. NAME:	7. NAME:	8. NAME:	☐ Change ☐ Addition
8. STREET ADDRESS:	8. STREET ADDRESS:	9. NAME:	☐ Change ☐ Addition
9. CITY & STATE:	9. CITY & STATE:	10. NAME:	☐ Change ☐ Addition
10. NAME:	10. NAME:	11. NAME:	☐ Change ☐ Addition
11. STREET ADDRESS:	11. STREET ADDRESS:	12. NAME:	☐ Change ☐ Addition
12. CITY & STATE:	12. CITY & STATE:	13. NAME:	☐ Change ☐ Addition
13. NAME:	13. NAME:	14. NAME:	☐ Change ☐ Addition
14. STREET ADDRESS:	14. STREET ADDRESS:	15. NAME:	☐ Change ☐ Addition
15. CITY & STATE:	15. CITY & STATE:	16. NAME:	☐ Change ☐ Addition
16. NAME:	16. NAME:	17. NAME:	☐ Change ☐ Addition
17. STREET ADDRESS:	17. STREET ADDRESS:	18. NAME:	☐ Change ☐ Addition
18. CITY & STATE:	18. CITY & STATE:	19. NAME:	☐ Change ☐ Addition
19. NAME:	19. NAME:	20. NAME:	☐ Change ☐ Addition
20. STREET ADDRESS:	20. STREET ADDRESS:	21. NAME:	☐ Change ☐ Addition
21. CITY & STATE:	21. CITY & STATE:	22. NAME:	☐ Change ☐ Addition

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 191.17(4)(a), Florida Statutes. I further certify that the information is included in this annual report or supplemental annual report or both and is 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 incorporator thereof and am required to file 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 this address.

SIGNATURE:

Margaret McGuffie
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

MARGARET MCGUFFIE

5/3/95 407-871-1015
Date Telephone No.