

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

APPROVED

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PC W/7 -7 PH 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074491 (9)

TYPHOOON INDUSTRIES, INC.

6001 BONACKER DR
TAMPA FL 33610

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TAMPA FL 33610

3. Date last filed or due date	3a. Type of Last Report	
10/11/1994		
4. Total Amount \$9,327.56	Applied For Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 Ma, Da Added to Fees
8. Any contribution has already been made to the campaign under § 109-0.02. Please Specify	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent

BIL 1001

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

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85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the procedures of Sections 607.1002 and 607.1008, 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.

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12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME TITLE STREET ADDRESS CITY, ST, ZIP	D HARRIS, J. KIEFFER 3117 FIELDER ST TAMPA FL 33611	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Change
NAME TITLE STREET ADDRESS CITY, ST, ZIP	D HARRIS, MICHELE 3117 FIELDER ST TAMPA FL 33611	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Change
NAME TITLE STREET ADDRESS CITY, ST, ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Change
NAME TITLE STREET ADDRESS CITY, ST, ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Change
NAME TITLE STREET ADDRESS CITY, ST, ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Change
NAME TITLE STREET ADDRESS CITY, ST, ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Change

14. I further certify that the information supplied by me in this document is true, correct, and complete, not spurious, for the purpose mentioned in Section 14(1)(d) of the Florida Statutes. I further certify that the information included in 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. I also certify that I am responsible for the accuracy of the information prepared to complete the report as required by Chapter 14 of the Florida Statutes, and that my three officers of the Board of the Florida Department of Agriculture and Consumer Services are in agreement with my affidavit.

SIGNATURE: *Markie Hayes*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER ON THIS DOCUMENT

$$S^2/\lambda^2 \approx 800 \text{ fm}^{-2}$$