## 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 #** 

P94000091493 (4)

|  | TUCKERS, INC.  of Business  RCO AVENUE  TINE FL 32084   | 73  | Mailing Address  73 SAN MARCO AVENUE ST. AUGUSTINE FL 32064 |  |   |  |                                      |   |
|--|---|---|---|--|---|--|--------------------------------------|---|
|  |   |   |   |  | 3. Date Incorporated or Qualified   |  |                                      |   |
| 2. Principal Pla   | ce of Business  | 2a. M.  | aling Address   |  |   | 12/16/1994<br>4. FET Number  | 02                                   | /14/1995  |
| ]  |   | 26  |   |  |   | 58-1625704   |                                      | Applied F<br>Not Appli  |
| Suite Apt. #   | , etc   | Su  | iite, Aρt. ⊭, etc.  |  | ··  | 5. Certificate of Status Desired   |                                      | \$8.75 Addition   |
| C+ 0.01-1-   |   | 27  |   |  |   |  |                                      | Fee Required  |
| Orty & State   |   | h1  | ty & State  |  |   | 6. Election Campaign Financing Trust Fund Contribution                                 |                                      | <b>\$5.00</b> May B   |
| Zip  | Country   | 28]<br>Z4   | )   | Count  |   | This corporation has liability for   |                                      | Added to Fees   |
| ,<br>  | 25  | 29  |   | 30   | ,   |  | intang/bie tax u<br>s ∐No            | inder's 199.032   |
|  | 9. Name and Address of Curr   | ent Registere   | ed Agent  |  |   | 10. Name and Address of New  | Registered Age                       | ent   |
|  |   |   |   | 8  | 1 Name  |  |                                      |   |
| SCHAFFER, CLARK  |   |   |   | 8:   | 2 Street Add  | dress (P.O. Box Number is Not Accepta  | ble)                                 |   |
|  | UTHPARK BLVD.   |   |   | 8:   |   |  |                                      | · - · · · · · · · · · · · · · · · · · ·                       |
| SUIT3 4  |   |   |   | 0  | 3   |  |                                      |   |
| \$1. AU  | GUSTINE FL 32086  |   |   | 8  | 4 City  |  | FL                                   | 85 Zip Code   |
| familiar with  | o agent, or both, in the Stare of His<br>i, and accept the obligations of, Se   | ooda Sacn cha   | ande was author   | ized to the cor  | named corpo<br>poration's boa   | oration submits this statement for the pu<br>and of directors. I hereby accept the app | irpose of changi<br>nointment as reg | ing its registered<br>jistered agent. I a                     |
| familiar with  | o agent, or both, in the State of Fig.<br>i, and accept the obligations of Se<br>Ignature, by Adoctor transpace of resources age  | ondri Such cha<br>schan 607.050                                 | ange was author<br>5, Florida Statute<br>at a h             | ized to the cor  | poration's boa  | ard of directors. I hereby accept the app  | nointment as reg                     | istered agent. I a  |
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SIGNATURE: WILL D. TWL WILLIAM I TUCKEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/16 904-824-6367