FILE NOW: FILING FEE AFTER MAY 1 18-6225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS 1996 P95000001949 (3) DOCUMENT # TINKER TOWN, INC. Principal Place of Business Mailing Address 7388 SHELBY LANE 7388 SHELBY LANE PENSACOLA FL 32526 PENSACOLA FL 32526 3a. Date of Last Report 3. Date Incorporated or Qualified 01/02/1995 4: FEI Number Applied For 2. Principal Place of Business Mailing Address 59-*32*88835 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Decired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) BARNES, GLADYS R 82 7388 SHELBY LANE 83 PENSACOLA FL 32526 City Zip Code 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 procept the obligations of, Systion 607.0505, Florida Statutes. ____3-17-96 1 Mes SIGNATURE (NOTE: Repostered Aurost sinulature paudi ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1.1 TiTLE D TITLE BARNES, DONNIE G 1.2 NAME NAME 7388 SHELBY LANE 13 STREE! ADDRESS STREET ADDRESS PENSACOLA FL 32526 14 CHTY - ST - ZIP CITY - ST - 2IP Change Addition DELETE 2 1 TITLE TITLE BARNES, GLADYS R 2.2 NAME NAME 7388 SHELBY LANE 2.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32526 2.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY - ST - ZIP C(TY-ST-Z(P ☐ Change ☐ Addit:on DELETE TITLE 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP 800001780988 DELETE 5 1 TITLE -THILE -04/15/96--01127--017 5.2 NAME ***200.00 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 6 1 TILLE TITLE

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 attrophenent year an address.

6.2 NAME

6.3 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADORESS.

CITY-ST-ZIP

FICER OR DIRECTOR

3-17-96 Dayling Prone

CR2E034 (12/95)