

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 # P95000073081 (8)

1. Corporation Name
TINSHIRE, INC.



Principal Place of Business

Mailing Address

4017 PRIORY CIRCLE
TAMPA FL 33624

4017 PRIORY CIRCLE
TAMPA FL 33624

3. Date Incorporated or Qualified
09/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 12012 ANDERSON RD.

26 12012 ANDERSON RD

4. FEI Number
59-3335204

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 TAMPA FL.

28 TAMPA FL.

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 33625

Country
Hillsborough

29 33625

Country
Hillsborough

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TINSLEY, RICHARD C
4017 PRIORY CIRCLE
TAMPA FL 33624

81 Name William SHIREMAN

82 Street Address (P.O. Box Number is Not Acceptable)
15619 BEAR CREEK DR.

83

84 City TAMPA

FL

85 Zip Code 33624

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

William E. Shireman William E. SHIREMAN prep 4/20/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☒ DELETE
NAME RICHARD C. TINSLEY
STREET ADDRESS 4017 PRIORY CIRCLE
CITY-ST-ZIP TAMPA FL 33624

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME WILLIAM E. SHIREMAN
1.3 STREET ADDRESS 15619 BEAR CREEK DR
1.4 CITY-ST-ZIP TAMPA FL 33624

TITLE SECRETARY ☒ DELETE
NAME PATSY A. TINSLEY
STREET ADDRESS 4017 PRIORY CIRCLE
CITY-ST-ZIP TAMPA FL 33624

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition
2.2 NAME CAROLYN E. SHIREMAN
2.3 STREET ADDRESS 15619 BEAR CREEK DR
2.4 CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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: William E. Shireman William E. SHIREMAN 4/20/96 8139686556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)