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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Marta  
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

2. Principal Place of Business

21 12012 ANDERSON RD.

2a. Mailing Address

Suite, Apt. #, etc.

26 12012 ANDERSON RD

Suite, Apt. #, etc.

22

City & State

23 TAMPA FL.

27 City & State

28 TAMPA FL.

Zip

24 33625

County

25 Hillsborough

28

33625

Country

30 Hillsborough

9. Name and Address of Current 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 PREG 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 any 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)