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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000074116 (1) DOCUMENT #

1. Corporation Name

TIN IS IN, INC.

Principal Place of Business

1004 THOMASVILLE AVE

Mailing Address

1004 THOMASVILLE AVE



City & State  Country  Zip  Zip  Zip  Zip  Zip  Country  Zip  Country  Registered Agent  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 607.0502 and 507.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changin 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 registeration with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature  Signature  Signature  Difference And DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registeration with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY - SI - ZIP  DITTIE	Applied For Not Applicable 8.75 Additional Fee Required \$5.00 May Be Added to Fees ider s 199.032, Int  5 Zip Code Ig its registered office stered agent. Lam
Suite, Apt. #, etc.	Not Applicable 8.75 Additional Fee Required \$5.00 May Be Added to Fees ider s 199.032, Int  5 Zip Code Ig its registered office stered agent. I an
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Site, Apt. #, etc.   Site	8.75 Additional Fee Required \$5.00 May Be Added to Fees ider's 199.032, int  5 Zip Code ig its registered office stered agent. I an
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Scritificate of Status Desired   Sta	Fee Required  65.00 May Be Added to Fees der's 199.032,  Int  5 Zip Code ag its registered office stered agent. I am
City & State 23	Added to Fees  der s 199.032,  nt  5 Zip Code  ig its registered office stered agent. I am
Zip   Country   Zip   Country   Zip   Country   30   S. This corporation has liability for intangible tax un Florida Statutes   Yes   No	5 Zip Code  ig its registered office stered agent. I am
JUTE, PETE 1804 THOMASVILLE AVE. PALM BAY FL 32909  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 changin or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida Statutes.  SIGNATURE  Signature. Special or petited name of registered agent and the displacement (NOTE: Registered Agent signature registed when renstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  STREET ADDRESS  CITY-SI-ZIP  PALM BAY FL 32909  14. CITY-SI-ZIP  TITLE  DELETE  2. TITLE  AME  1.1 TITLE  2. TITLE  AME  1.2 NAME  1.3 SIREET ADDRESS  CITY-SI-ZIP  TITLE  2.2 NAME	5 Zip Code  ig its registered office stered agent. I am
JUTE, PETE 1804 THOMASVILLE AVE. PALM BAY FL 32909  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 changin or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, by the objections of Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  D	5 Zip Code  ig its registered office stered agent. I am
JUTE, PETE 1804 THOMASVILLE AVE. PALM BAY FL 32909  82 Street Address (P.O. Box Number is Not Acceptable)  83   84   City   FL   85   86   City   FL   87   88   City   FL   88   88   City   FL   89   89   City   FL   80   80   81   City   FL   81   82   Street Address (P.O. Box Number is Not Acceptable)  83   84   City   FL   85   86   City   FL   87   88   City   FL   89   89   City   FL   80   80   City   FL   80   81   City   FL   81   82   Street Address (P.O. Box Number is Not Acceptable)  83   84   City   FL   85   86   City   FL   87   87   City   FL   87   88   City   FL   89   89   City   FL   89   89   City   FL   80   80   City   FL   80   81   City   FL   81   82   City   FL   84   85   City   FL   85   86   City   FL   87   City   FL   87   City   FL   88   89   City   FL   89   City   FL   89   City   FL   89   City   FL   80   City   FL   81   City   FL   82   City   FL   83   City   FL   84   City   FL   85   City   FL   85   City   FL   86   City   FL   87   City   FL   87   City   FL   88   City   FL   89   City   FL   89   City   FL   80   City   FL   81   City   FL   82   City   FL   83   Ci	ig its registered office stered agent. I am
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 changin 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and tile if legisleable.  NOTE: Registered Agent signature registered when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DELETE  1 1 TITLE  STREET ADDRESS  1804 THOMASVILLE AVE. 13 SIREET ADDRESS  CITY-S1-ZIP  DELETE  DELETE  2 1 TITLE  DELETE  2 1 TITLE  DELETE  1 2 NAME  1 3 SIREET ADDRESS  1 4 City-S1-ZIP	ig its registered office stered agent. I am
PALM BAY FL 32909  84 City  FL  85 City  FL  86 City  FL  87 City  FL  87 City  FL  88 City  FL	ig its registered office stered agent. I am
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SIGNATURE   Signature, typed or pinted name of registered agent and till elit explicable   (NOTE: Registered Agent Signature required when reinstating)   DATE	RECTORS IN 12
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NAME	hange 🗀 Addition
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TIFLE DELETE 61TIFLE C	hange 🔲 Addition
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STREET ADDRESS 63 STREET ADDRESS	
CITY-SI-ZIP  64 CITY-SI-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	

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 it made under oath; that I am an officer or director of the corporation or the receiver or trube 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.