2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 09, 2004 08:00 AM Secretary of State DOCUMENT # P96000024488 1. Entity Name TUCK PROPERTIES, INC. Principal Place of Business Mailing Address **2210 SE 15TH STREET** 2210 SE 15TH STREET **OCALA FL 34471** OCALA FL 34471 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3368753 Not Applicable Zip Żiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TUCK, WILLIAM H SR 2210 SE 15TH STREET Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34471 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE, Registered Agent signature required when reinstating) DATÉ FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change Addition TUCK, WILLIAM H SR NAME NAME U00000040941 STREET ADDRESS 2210 SE 15TH STREET STREET ADDRESS 02/09/04-80068-021 150.00 CITY-ST-ZIP **OCALA FL 34471** CITY - ST - ZIP ☐ Change TITLE Delete TITLE Addition TUCK, GAIL B NAME NAME 2210 SE 15TH STREET STREET ADDRESS STREET ADDRESS OCALA FL 34471 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME TUCK, WILLIAM H NAME STREET ADDRESS STREET ADDRESS 2334 S E 14TH ST CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34471 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PRICE, VIVIAN T NAME 711 SE 24TH TERRACE STREET ADDRESS STREET ADDRESS OCALA FL 34471 CITY-ST-ZIP CITY-ST-ZIP TATLE ☐ Delete TITLE ☐ Change Addition TUCK, DAVID A NAME NAME 555 SE 15TH TERRACE STREET ADDRESS STREET ADDRESS OCALA FL 34471 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE

CRATURE AND FIRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/0/ 352/732-7576