

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000037067

1. Entity Name
TYC, ASSOCIATES, INC.



Principal Place of Business
2923 RIBAUT SCENIC DRIVE
JACKSONVILLE, FL 32208-2431

Mailing Address
2923 RIBAUT SCENIC DRIVE
JACKSONVILLE, FL 32208-2431



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3419530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YATES, ALTON W
2923 RIBAUT SCENIC DRIVE
JACKSONVILLE, FL 32208-2431

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	YATES, ALTON W
STREET ADDRESS	2923 RIBAUT SCENIC DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 322082431

TITLE	VP
NAME	YATES, KENNETH M
STREET ADDRESS	6872 WEST VIRGINIA AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32209

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/09/05-80021-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 its 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-07-05 904-387-3662

Date

Daytime Phone #