

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 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
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DO NOT WRITE IN THIS SPACE



02182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3419530	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YATES, ALTON W 2923 RIBAUT SCENIC DRIVE JACKSONVILLE, FL 32208-2431

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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 reinstating)	DATE _____
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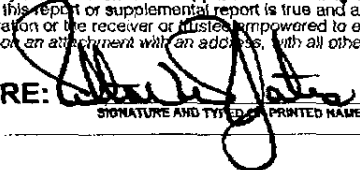
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YATES, ALTON W 2923 RIBAUT SCENIC DRIVE JACKSONVILLE, FL 322082431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YATES, KENNETH M 6872 WEST VIRGINIA AVE JACKSONVILLE, FL 32209
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IN THIS SPACE**

100000442255
11/2/04/06-80011-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Alton W. Yates	2-18-06	904/768-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE	Daytime Phone #