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FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000074585 (6)

1. Corporation Name

TIKI FINANCIAL SERVICES, INC.

Principal Place of Business

1000 SUNSHINE LANE  
ALTAMONTE SPRINGS FL 32714

Mailing Address

1000 SUNSHINE LANE  
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1996

4. FEI Number

59-3399810

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

RANDOLPH, TIMOTHY V  
1000 SUNSHINE LANE  
ALTAMONTE SPRINGS FL 32714

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 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

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 ☐ DELETE  
NAME P  
STREET ADDRESS RANDOLPH, TIMOTHY V  
CITY-ST-ZIP 122 LAKE RENA DR  
ALTAMONTE SPRINGS FL

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS RANDOLPH, MARGARET D  
CITY-ST-ZIP 122 LAKE RENA DR  
ALTAMONTE SPRINGS FL

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS MASON, MILES 1  
CITY-ST-ZIP 201 BARRY CT  
LONGWOOD FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS RANDOLPH, TIMOTHY V II  
CITY-ST-ZIP 207 CHURCHILL DR  
LONGWOOD FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D  
12 NAME Timothy V. Randolph  
13 STREET ADDRESS 122 Lake Rena Dr  
14 CITY-ST-ZIP Longwood, FL 32779  
☒ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
☐ Change ☐ Addition

41 TITLE P  
42 NAME Timothy V Randolph II  
43 STREET ADDRESS 207 Churchill Dr  
44 CITY-ST-ZIP Longwood FL 32779  
☒ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an attachment with an address.

SIGNATURE D. Randolph DEFEY WILSON 4-27-98 (107) 2-8333

CR2E034 (10/97)