

**FILE NOW:**

**FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Mar 23 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P97000054333 (4)**  
1. Corporation Name  
**TYLER DAVIS, INC.**



Principal Place of Business      Mailing Address  
**3093 46TH AVE N**      **3093 46TH AVE N**  
**ST PETERSBURG FL 33714**      **ST PETERSBURG FL 33714**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address  
21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
22 City & State      27 City & State  
23 Zip      28 Zip      Country      Country  
24      25      29      30

3. Date Incorporated or Qualified  
**06/17/1997**  
4. FEI Number      Applied For  
**59-3492250**      Not Applicable  
5. Certificate of Status Desired      ☒ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing      ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.      ☐ Yes      ☐ No

9. Name and Address of Current Registered Agent  
**POWELL, JAMES N**  
**ONE PROGRESS PLAZA, SUITE 1210**  
**BARNETT TOWER**  
**ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      **FL**      85 Zip Code

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      **D PRIDGEN, GRADY C III**  
STREET ADDRESS      **3093 46TH AVE N**  
CITY-ST-ZIP      **ST PETERSBURG FL 33714**  
TITLE      ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE      ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE      ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE      ☐ Change      ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE      ☐ Change      ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE      ☐ Change      ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE      ☐ Change      ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE      ☐ Change      ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE      ☐ Change      ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE:      *[Signature]*      Date: **e/5/98**      Deputies Phone #      2054007

CR2E034 (10/97)