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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000072640 (0)** 

## FILED May 19 1998 8:00am Secretary of State

TINGLE ENTERPRISES, INC. Principal Place of Business Mailing Address 377 4TH ST. 377 4TH ST ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/21/1997 2. Principal Place of Business 2a. Mailing Address applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zipi Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TINGLE, PHILIP D 50 N. LAURA ST., STE. 2800 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 83 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE TINGLE, PHILIP D NAME 1.2 NAME 50 N. LAURA ST., STE. 2800 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32202 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE TINGLE, KEITH G NAME 2.2 NAME 977 4TH ST. STREET ADDRESS 2.3 STREET ADDRESS ATLANTIC BEACH FL 32233 CITY-ST-2IP 2. 4 CITY-ST-ZiP DELETE Change Addition TITLE 3.1 TITLE TINGLE, WILLIAM J NAME 3.2 NAME 377 4TH ST. STREET ADDRESS 3.3 STREET ADDRESS **ATLANTIC BEACH FL 32233** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change ☐ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 THTLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Addition 61 TITLE TITI F NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP

14. Thereby certify that the information supplied with this filips 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 trusted expropersed 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 witty any defense.