## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** S17707 (8)TUCKERCOM, INC. Principal Place of Business Mailing Address 7403 15TH AVENUE NORTHWEST 7403 15TH AVENUE NORTHWEST **BRADENTON FL 34209** Bradenton FL 34209 3a. Date of Last Report 3. Date Incorporated or Qualified 12/07/1990 07/19/1995 4. FELNumber Applied For 2. Principal Place of Business 2a. Mailing Address 65-0250178 Not Applicable 26 21 \$8.75 Additional Suite, Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Zio Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Tucker Ralph
Street Address (P.O. Box Number is Not Acceptable) TUCKER, RALPH 7403 15TH AVENUE NORTHWEST 82 **BRADENTON FL 34209** 83 64 City 11. Pursuant to the provi s the above-named corporation submits this statement for the purpose of changing its registered thorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered a agent. I am familiar y SIGNATURE: ADDITIONS/CHANGES TO OFFICERS AND DIJECTORS IN 12 (36/6) OFFICERS AND DIRECTORS 13. 12. DELETE 111116 TITLE D CR2E034 1.2 NAME 5811 Fourth Ave NW Bradenton, FL 34 NAME TUCKER, RALPH 1.3 STREET ADORESS STREET ADDRESS 7403 15TH AVENUE N.W. **BRADENTON FL** 1.4 CITY -ST - ZIP CITY-ST-ZIP DELETE 21 TIELF Change Addition TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP Change Addition DELETE 3 1 TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CHTY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 CiTY - ST - 7/P CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 City - ST - ZIP CITY - ST - ZIP DELETE Change Addition 6 1 TITLE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP iplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 d on this principle port of supplemental annual report is true and accurate and that my signature shall have the same legal effect as a control of the province of purples of purples of province of purples of p 14. I do hereby certify that the information further certify that the information is made under oath, that I am an officithat my name appears in Block 12. report is true and accurate and that my signature shall have the same legal effect as the empowered to execute this report as required by Chapter 617, Fiorida Statutes, and SIGNATURE: