

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -3 PM 4:08

DOCUMENT # **S42015 (5)**

1. Corporation Name  
**THE TULIP TRUNK, INC.**

Principal Place of Business: **1270 19 N WICKHAM RD MELBOURNE FL 32935**  
Mailing Address: **1270 19 N WICKHAM RD MELBOURNE FL 32935**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/29/1991**  
3a. Date of Last Report: **03/02/1994**

4. FBI Number: **59-3064688**  
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 has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. **2447-N. Wickham Rd**  
22. **#136**  
23. **Melbourne Fl**  
24. **32935**  
25. **BREVARD**  
26. **2447 N. Wickham Rd**  
27. **#136**  
28. **Melbourne, Fl**  
29. **32935**  
30. **BREVARD**

9. Name and Address of Current Registered Agent  
**TWIGGS, JOYCE M.  
4830 SMITHFIELD  
MELBOURNE FL 32934**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS

TITLE: **D**  
NAME: **TWIGGS, JOYCE M.**  
STREET ADDRESS: **4830 SMITHFIELD**  
CITY-ST-ZIP: **MELBOURNE FL**

TITLE: **D**  
NAME: **PRYOR, JOYCE T.**  
STREET ADDRESS: **4932 FAUNA DR**  
CITY-ST-ZIP: **MELBOURNE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE:  Change  Addition  
12 NAME: **7817 Maplewood Dr #606**  
13 STREET ADDRESS: **W. Melbourne, Fl**  
14 CITY-ST-ZIP: **32904**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (7)(B)(A), 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: Joyce T. Pryor - Joyce T. Pryor **3-18-95** **407.859.7059**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Type Name)