FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **S57986** **(9)**

1. Corporate Name
TUZEE ASSOCIATES INCORPORATED

Principal Place of Business
3625 DEL PRADO BLVD
CAPE CORAL FL 33904
US

Mailing Address
3625 DEL PRADO BLVD
CAPE CORAL FL 33904
US

3. Date Incorporated or Qualified: 06/07/1991
3a. Date of Last Report: 04/13/1995

4. FEI Number: 65-0266121 — 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 is subject to a tangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Street Address
27 City & State
28 Zip 29 County 30

9. Name and Address of Current Registered Agent
TUZEE, JOHN F
3625 DEL PRADO BLVD
CAPE CORAL FL 33904

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 Section 607.0501, 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. The principal place of business of the corporation is: [illegible] I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0501, Florida Statutes.

SIGNATURE: DATE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip	
P	TUZEE, JOHN F	3625 DEL PRADO BLVD	CAPE CORAL FL	☐ DELETE
S	TUZEE, DIANE B	3625 DEL PRADO BLVD	CAPE CORAL FL	☐ DELETE
D	AYLSWORTH, JOHN T.	1951 SE 35TH ST	CAPE CORAL FL	☐ DELETE
D	SHAHINIAN, RENEE T.	111 SW 59YH TER	CAPE CORAL FL	☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City, State, Zip	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 the articles of incorporation.

SIGNATURE: JOHN T. AYLSWORTH 3/16/96 941-540-0422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

CR2E034 (12/95)