FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # S78168 (9)

1. Corporate Name

TIM TUSING ENTERPRISES, INC.

APPROVED AND FILED

95 MAY -1 PM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address

3402-B NORTHEAST 2ND ST.
GAINESVILLE FL 32609

Mailing Address

3402-B NORTHEAST 2ND ST.
GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1991

3a. Date of Last Report: 06/24/1994

2. Principal Place of Business

21 768 N. State Road 121

22 Suite Apt. # or

23 City & State: LaCrosse, FL

24 Zip: 32658

25 Country: USA

2a. Mailing Address

26 P.O. Box 76

27 Suite Apt. # or

28 City & State: LaCrosse, FL

29 Zip: 32658

30 Country: USA

4. FEI Number: 59-3084929 — 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. The corporation has activity for transaction as defined in Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KNELLINGER, RICHARD M.
2815 NW 13 ST.
SUITE 305
GAINESVILLE FL 32609

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	DP
Name	TUSING, TIMOTHY ALLAN
Street Address	3402-B NORTHEAST 2ND ST.
City, State, Zip	HAWTHORNE FL
Title	TSV
Name	TUSING, TIMOTHY ALLAN
Street Address	3402-B NORTHEAST 2ND ST
City, State, Zip	GAINESVILLE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Title		X Change ☐ Addition
Name		
Street Address	768 N. State Road 121	
City, State, Zip	LaCrosse, FL 32658	
Title		X Change ☐ Addition
Name		
Street Address	768 N. State Road 121	
City, State, Zip	LaCrosse, FL 32658	
Title		☐ Change ☐ Addition
Name		
Street Address		
City, State, Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City, State, Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City, State, Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City, State, Zip		

14. I hereby certify that the information contained herein, including any information contained on any attached pages, is accurate and that I have authority to sign for the corporation named herein. I further certify that the corporation named herein has complied with the requirements of Chapter 607, Florida Statutes, pertaining to the filing of this annual report. I further certify that the corporation named herein has paid, or has made provision for payment of, all fees and taxes imposed by Chapter 607, Florida Statutes, and that my name appears above, or on an attached page, as an officer or director of the corporation named herein.

SIGNATURE: [signature] April 28, 1995 904 462 9108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0033700 CP