

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 # V08379 (2)

1. Corporation Name
TYLER II, INC.



Principal Place of Business

**139 VIA NAPOLI
WYNDEMERE C.C.
N NAPLES FL 33999-7112
US**

Mailing Address

**139 VIA NAPOLI
WYNDEMERE C.C.
N NAPLES FL 33999-7112
US**

3. Date Incorporated or Qualified
01/21/1992

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Sub: Apt. #, etc.

26 Sub: Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number
65-0318188

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCOTT, BLAINE W., III
139 VIA NAPOLI
N NAPLES FL 33999-7112**

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 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, Sections 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the same as the filer, attach a separate page)

Signature of Registered Agent (signature required when filing this form)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	PT	☐ DELETE
2. NAME	SCOTT, III B W.	
3. STREET ADDRESS	139 VIA NAPOLI, WYNDEMERE C.C.	
4. CITY, ST, ZIP	NAPLES FL	
1. TITLE	VS	☐ DELETE
2. NAME	SCOTT, MARY L	
3. STREET ADDRESS	139 VIA NAPOLI, WYNDEMERE C.C.	
4. CITY, ST, ZIP	NAPLES FL	
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is 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:

Blaine W. Scott III

Blaine W. Scott III 1/25/96

813-434-8391

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)