

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:26

DOCUMENT # **V24983** (1)

1. Corporation Name
TILLACK & SONS, INC.

Principal Place of Business	Mailing Address
% JACK A. TILLACK 27829 WEST S.R. 54 WESLEY CHAPEL FL 33543	% JACK A. TILLACK 27829 WEST S.R. 54 WESLEY CHAPEL FL 33543

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/31/1992	3a. Date of Last Report 03/22/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0325383	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Country	29. Zip	30. Country
24. Zip	25. Country	29. Zip	30. Country

8. This corporation has liability for intangible tax under S. 199 (1)?
Florida Statutes Yes No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TILLACK, JACK A. 27829 WEST S.R. 54 WESLEY CHAPEL FL 33543		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		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, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLACK, JACK A.	1.2 NAME	
STREET ADDRESS	10 JUST-A-MERE LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLACK, STEPHEN D.	2.2 NAME	
STREET ADDRESS	10 JUST-A-MERE LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLACK, TIMOTHY S.	3.2 NAME	
STREET ADDRESS	10 JUST-A-MERE LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLACK, JUDY D.	4.2 NAME	
STREET ADDRESS	10 JUST-A-MERE LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 the 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 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: *[Signature]* 1/30/95 813 973 0133
DATE: _____