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 # **V35596** **(8)**

1. Corporation Name
TIKCO ENTERPRISES, INC.

Principal Place of Business
4951 GULF SHORE BLVD. N.
LE PARC #1702
NAPLES FL 33940
US

Mailing Address
4951 GULF SHORE BLVD. N.
LE PARC #1702
NAPLES FL 33940
US

3. Date Incorporated or Qualified: 05/11/1992
3a. Date of Last Report: 05/16/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 06-0911692 ☐ 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

O'NEILL, WILLIAM R.
3001 TAMIAMI TRAIL NORTH
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: Joe B. Cox
82 Street Address (P.O. Box Number is Not Acceptable): PO Box 413032
83 3001 TAMIAMI TRAIL NORTH
84 City: NAPLES FL 85 Zip Code: 34103

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 [signature] Joe B. Cox 5-11-96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	MCDONAGH, THOMAS P. J	
STREET ADDRESS	4951 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPAS	☐ DELETE
NAME	MCDONAGH, GLORIA S.	
STREET ADDRESS	4951 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	☒ DELETE
NAME	O'NEILL, WILLIAM R.	
STREET ADDRESS	3001 TAMIAMI TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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	NAPLES FL 34103	
2.1 TITLE	VPS	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	NAPLES FL 34103	
3.1 TITLE	AS	~~Change~~ ☒ Addition
3.2 NAME	Joe B. Cox	
3.3 STREET ADDRESS	3001 TAMIANI TRAIL NORTH	
3.4 CITY-ST-ZIP	NAPLES FL 34103	
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		

CR2E034 (12/95)

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 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: Thomas P. McDonagh Jr 5/8/96 941 434-7064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
THOMAS P. McDONAGH JR