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Mar 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J04099 (4)

1. Corporation Name  
TASK INC.



Principal Place of Business

2306 CUMBERLAND CIR.  
#106  
CLEARWATER FL 34623  
US

Mailing Address

2306 CUMBERLAND CIR.  
#106  
CLEARWATER FL 34623-1048  
US

3. Date Incorporated or Qualified 03/14/1986  
3a. Date of Last Report 04/19/1996

4. FEI Number 59-2641771  
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

2. Principal Place of Business

21 15 N. CIRUS AV.  
Suite, Apt. #, etc.

2a. Mailing Address

26 15 N. CIRUS AV.  
Suite, Apt. #, etc.

22 City & State  
CLEARWATER, FL

27 City & State  
CLEARWATER, FL

23 Zip 34625 Country PINELLAS

28 Zip 34625 Country PINELLAS

9. Name and Address of Current Registered Agent

ZECKLER, LISSETTE  
2306 CUMBERLAND CIR.  
#106  
CLEARWATER FL 34623

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
15 N. CIRUS AV.  
83  
84 City CLEARWATER, FL 85 Zip Code 34625

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ZECKLER, JOHN L	
STREET ADDRESS	2306 CUMBERLAND CIR., #106	
CITY-ST-ZIP	CLEARWATER FL 34623	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ZECKLER, LISSETTE	
STREET ADDRESS	2306 CUMBERLAND CIR., #106	
CITY-ST-ZIP	CLEARWATER FL 34623	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ZECKLER, JOAN M	
STREET ADDRESS	2306 CUMBERLAND CIR., #106	
CITY-ST-ZIP	CLEARWATER FL 34623	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	15 N CIRUS AVE.
1.4 CITY-ST-ZIP	CLEARWATER, FL 34625
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	15 N. CIRUS AVE
2.4 CITY-ST-ZIP	CLEARWATER, FL 34625
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	15 N, CIRUS AVE.
3.4 CITY-ST-ZIP	CLEARWATER, FL 34625
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John L. Zeckler* JOHN L. ZECKLER, 1/26/97 813 441 1633

CR2E034 (9/96)