

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Jan 22, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

01-22-1999 90038 025 \*\*\*\*150.00

**DOCUMENT # P97000006073**

1. Corporation Name  
**TAC ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
 1291 LAUREL COURT      1291 LAUREL COURT  
 MARCO ISLAND FL 34145      MARCO ISLAND FL 34145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/21/1997**

4. FEI Number      Applied For  
**59-3428709**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Election Campaign Financing       **\$5.00** May Be Added to Fees

7. Trust Fund Contribution     

8. This corporation owes the current year Intangible Personal Property Tax.       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**TUCKER, E. GLENN**  
**950 NORTH COLLIER BLVD**  
**SUN BANK CENTRE, STE 204**  
**MARCO ISLAND FL 34145**

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. 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      DATE  
 Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE      CP       DELETE

NAME      **COOPER, THOMAS A**

STREET ADDRESS      **1291 LAUREL COURT**

CITY-ST-ZIP      **MARCO ISLAND FL 34145**

TITLE      ST       DELETE

NAME      **COOPER, AJUNE**

STREET ADDRESS      **1291 LAUREL COURT**

CITY-ST-ZIP      **MARCO ISLAND FL 34145**

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      **NONE**

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 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, with all other like empowered.

SIGNATURE: *Thomas A Cooper*      1/5/99      941-642-1047  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (11/98)