

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Norment
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY - 1 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 453568

(8)

1. Corporation Name

TAP, INC.

Principal Place of Business

1031 CAPE CORAL PKWY.
P.O. BOX 1401
CAPE CORAL FL 33904

Mailing Address

1031 CAPE CORAL PKWY.
P.O. BOX 1401
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/24/1974

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1533688

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

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

NACHBRUNN, KARL
1031 CAPE CORAL PKWY.
CAPE CORAL FL 33904

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

Signature: Typed or printed name of registered agent and this if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

ZUEGEL, ELIZABETH MARIE

STREET ADDRESS

1031 CAPE CORAL PKWY.

CITY - ST - ZIP

CAPE CORAL FL

TITLE

VST

NAME

LEITHERER, JUTA

STREET ADDRESS

1031 CAPE CORAL PKWY.

CITY - ST - ZIP

CAPE CORAL FL

TITLE

D

NAME

LEITHERER, JUTA

STREET ADDRESS

1031 CAPE CORAL PKWY.

CITY - ST - ZIP

CAPE CORAL FL

TITLE

D

NAME

LEITHERER, HAROLD

STREET ADDRESS

1031 CAPE CORAL PKWY.

CITY - ST - ZIP

CAPE CORAL FL

TITLE

D

NAME

NACHBRUNN, FRED

STREET ADDRESS

1730 SANDY CIRCLE

CITY - ST - ZIP

CAPE CORAL FL

TITLE

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

CAPE CORAL FL 33904

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

CAPE CORAL FL 33904

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

CAPE CORAL FL 33904

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

CAPE CORAL FL 33904

5.1 TITLE

☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

NACHBRUNN FRED
1031 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Fred C. Nachbrunn Fred C. Nachbrunn

April 28, 95

813 547-2465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #