

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED  
MAY -1 AM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 568516 (9)**

1. Corporation Name  
**TASK MANAGEMENT CO., INC.**

Principal Place of Business Mailing Address  
**1223 SALERNO COURT 1223 SALERNO COURT  
ORLANDO FL 32806 ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/13/1978</b>	3a. Date of Last Report <b>05/01/1994</b>
21		26		4. FEI Number <b>59-1894041</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	25	Country	29	30
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GRUNOW, BONNIE L. 1223 SALERNO CRT. ORLANDO FL 32806</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				<b>FL</b>			

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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRUNOW, BONNIE L.</b>	12 NAME	
STREET ADDRESS	<b>1223 SALERNO CRT.</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	14 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRUNOW, ROGER B.</b>	22 NAME	
STREET ADDRESS	<b>3580 PINE RIDGE</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	24 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRUNOW, MARK G.</b>	32 NAME	
STREET ADDRESS	<b>1000 LAKE OF THE WOODS</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>FERN PARK FL</b>	34 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRUNOW, CANDICE K.</b>	42 NAME	
STREET ADDRESS	<b>3181 OVERDALE ST.</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>DELTONA FL</b>	44 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(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: Bonnie L. Grunow, Pres. 4-29-95 (407) 998-8221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Area #