

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 627209 (0)

1. Corporation Name

I A P ASSOCIATES, INC.

Principal Place of Business

DAVIS ISLAND
30 LADOGA AVENUE
TAMPA FL 33606
US

Mailing Address

30 LADOGA AVENUE
92 LADOGA AVENUE
TAMPA FL 33606
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/22/1979

3a. Date of Last Report

03/18/1994

4. FEI Number

59-1918471

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. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

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

10. Name and Address of New Registered Agent

TUCKER, MIRIAM B.
30 LADOGA AVENUE
DAVIS ISLAND
TAMPA FL 33606

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 title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME	12.2 STREET ADDRESS	12.3 CITY - ST - ZIP
PD TUCKER, MIRIAM B.	30 LADOGA AVENUE	TAMPA FL
TITLE	NAME	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	13.2 NAME	13.3 STREET ADDRESS	13.4 CITY - ST - ZIP
☐ Change ☐ Addition			
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
☐ Change ☐ Addition			
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
☐ Change ☐ Addition			
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
☐ Change ☐ Addition			
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
☐ Change ☐ Addition			
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
☐ Change ☐ Addition			

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information submitted 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. 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 on Block 12 or Block 13, if checked, or on an attachment with an address.

SIGNATURE:

Miriam B. Tucker
MIRIAM B. TUCKER

3/1/95 813-257-8389