FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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'SECRETARY OF STATE
'DIVISION OF CORPORATIONS
95 APR -4 AM 10: 29

DOCUMENT # **F13013** **(0)**

1. Corporation Name
TABOMA, INC.

Principal Place of Business	Mailing Address
% JAMES D. ECKERT P.O. BOX 330 ST. PETERSBURG FL 33731	% JAMES D. ECKERT P.O. BOX 330 ST. PETERSBURG FL 33731

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/29/1980
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21 P.O. Box 3542
22 Suite, Apt. #, etc. St. Petersburg, FL
23 City & State 33731-3542
24 Zip
25 Country

2a. Mailing Address
26 P.O. Box 3542
27 Suite, Apt. #, etc. St. Petersburg, FL
28 City & State 33731-3542
29 Zip
30 Country

4. FEI Number: 59-2061352 ☐ 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

9. Name and Address of Current Registered Agent

ECKERT, JAMES D
240 1ST AVE S, 3RD FL
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: James D. Eckert
82 Street Address (P.O. Box Number is Not Acceptable): 360 Central Ave., Suite 1500
83
84 City: St. Petersburg **FL** 85 Zip Code: 33701

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	PSTD ☐ Change ☐ Addition
NAME	ECKERT, JAMES D	12 NAME	Eckert, James D.
STREET ADDRESS	240 1ST AVE S	13 STREET ADDRESS	360 Central Ave., Suite 1500
CITY ST ZIP	ST. PETERSBURG FL	14 CITY ST ZIP	St. Petersburg, FL 33701
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 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: _____ 3/27/95 813 824-6167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James D. Eckert

0312035 CP