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FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000492 (0)

1. Corporation Name

TASCOR INCORPORATED

Principal Place of Business

Mailing Address

3535 PIEDMONT ROAD. BLDG. 14  
ATLANTA GA 30305

3535 PIEDMONT ROAD. BLDG. 14  
ATLANTA GA 30305

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

12/04/1992

4. FEI Number

58-1961249

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME AT  
TAYLOR, PAM  
STREET ADDRESS 3535 PIEDMONT RD N.E.  
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE

NAME D  
MILLER, C D  
STREET ADDRESS 3535 PIEDMONT ROAD  
CITY-ST-ZIP ATLANTA GA 30305

TITLE ☐ DELETE

NAME EVP  
BRYAN, LARRY J  
STREET ADDRESS 3535 PIEDMONT ROAD  
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE

NAME T  
COLE, MADISON F  
STREET ADDRESS 3535 PIEDMONT RD  
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE

NAME P  
VADNAIS, TOM  
STREET ADDRESS 3535 PIEDMONT RD, NE  
CITY-ST-ZIP ATLANTA GA

TITLE ☒ DELETE

NAME AS  
COLDREN, KATHY  
STREET ADDRESS 3535 PIEDMONT RD NE  
CITY-ST-ZIP ATLANTA GA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

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.

SIGNATURE:

*[Signature]*

*[Signature]*

4/28/98

904-240-3000

CR2E034 (10/97)