

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

2-21-95 B-1415-C

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:20

DOCUMENT # **G06570** (7)
1. Corporation Name
TAM ENTERPRISES, INC.

Principal Place of Business Mailing Address
8810 S.W. STATE ROAD 200 SUITE #10 OCALA FL 32676
8810 S.W. STATE ROAD 200 SUITE #10 OCALA FL 32676

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 11/01/1982
3a. Date of Last Report 02/14/1994

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2226392	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input type="checkbox"/>	
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip	30	Country		<input type="checkbox"/>	
24	Country	30	Country	8.	This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KEILLOR, BERNARD J. 10347 SW 73 AVE OCALA FL 34476				B1	Name		
				B2	Street Address (P.O. Box Number Not Acceptable)		
				B3			
				B4	City	FL	B5

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 required for corporation of registered agent and Florida applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEILLOR, BERNARD J.	12 NAME	
STREET ADDRESS	10347 SW 73 AVE	13 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	
TITLE	RICE, NAMA M	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1328 SE 10TH STREET	22 NAME	LINDA SUE MASSINGILL
STREET ADDRESS	OCALA FL	23 STREET ADDRESS	7710 E. RUSTIC TR.
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	INVERNESS FL 34453
TITLE	T	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKAFAS, HELEN	32 NAME	
STREET ADDRESS	4377 SW 139TH STREET ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, LORETTA	42 NAME	
STREET ADDRESS	RT #4 BOX 895	43 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP	
TITLE		51 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		61 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 119.07(3)(k), Florida Statutes. I further certify that the information reflected 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:

B. J. Keillor
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-95 904-8545767
DATE SIGNATURE #