

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H13981 (6)

1. Corporation Name  
TAS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~3948 SUNBEAM RD. SUITE 4  
JACKSONVILLE FL 32257~~

~~3948 SUNBEAM RD. SUITE 4  
JACKSONVILLE FL 32257-6980~~



2. Principal Place of Business

21 8321 Allwood CT.

2a. Mailing Address

26 8321 Allwood CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22 JACKSONVILLE, FL

City & State

27 JACKSONVILLE, FL

Zip

Country

24 32256

25 U.S.

Zip

Country

29 32256

30 U.S.

9. Name and Address of Current Registered Agent

TUCKER, B. ROBERT  
8321 ALLWOOD COURT  
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified

07/26/1984

3a. Date of Last Report

04/05/1996

4. FEI Number

59-2435516

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

10. Name and Address of New Registered Agent

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 type: If printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TUCKER, B. ROBERT	
STREET ADDRESS	8321 ALLWOOD COURT	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	TUCKER, MARGARET D.	
STREET ADDRESS	8321 ALLWOOD COURT	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ARSENAULT, DIANE T.	
STREET ADDRESS	8321 ALLWOOD COURT	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARSENAULT, LEE	
STREET ADDRESS	8321 ALLWOOD COURT	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHOFFNER, JACK	
STREET ADDRESS	<del>3948 SUN BEAM RD 44</del>	
CITY - ST - ZIP	<del>JACKSONVILLE FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	14339 MANDOLIN DR
5.4 CITY - ST - ZIP	ORLANDO, FL 32837
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

*Robert Tucker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97

Date

9046421974

Daytime Phone #

CR2E034 (9/96)