

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H34238

(6)

1. Corporation Name

TAB INVESTMENTS, INC.



Principal Place of Business

101 N. PLUMOSA STREET
MERRITT ISLAND FL 32954-0548
US

Mailing Address

POST OFFICE BOX 540548
MERRITT ISLAND FL 32954-0548
US

3. Date Incorporated or Qualified
12/14/1984

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 980 N. Federal Highway

27 Suite, Apt. #, etc.

27 City & State

28 Boca Raton, Florida

29 Zip

33432-2704

30 Country

USA

4. FEI Number

59-2505704

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

ADAMS DOROTHY E
101 N PLUMOSA ST
P. O. BOX 540548
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name

Russell T. Kamradt

82 Street Address (P.O. Box Number is Not Acceptable)

777 S. Flagler Drive

83

Suite 900 East

84 City

West Palm Beach

FL

85 Zip Code

33401

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

Russell T. Kamradt

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

2/28/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROWE, MORRIS A.
STREET ADDRESS 220 KING STREET
CITY-STATE-ZIP COCOA FL ☒ DELETE

TITLE V
NAME PARKER, MARY P
STREET ADDRESS 101 N PLUMOSA ST
CITY-STATE-ZIP MERRITT ISLAND FL ☒ DELETE

TITLE VST
NAME ADAMS, DOROTHY E.
STREET ADDRESS 101 N PLUMOSA ST
CITY-STATE-ZIP MERRITT ISLAND FL ☒ DELETE

TITLE C
NAME KING, MAXWELL
STREET ADDRESS 1384 WALTON HEATH COURT
CITY-STATE-ZIP ROCKLEDGE FL ☒ DELETE

TITLE PD
NAME BOWDEN, DONALD L
STREET ADDRESS 101 N PLUMOSA STREET
CITY-STATE-ZIP MERRITT ISLAND FL ☒ DELETE

TITLE V
NAME NOWLIN, CYNTHIA A.
STREET ADDRESS 101 N PLUMOSA STREET
CITY-STATE-ZIP MERRITT ISLAND FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Warren S. Orlando
1.3 STREET ADDRESS 980 N. Federal Highway
1.4 CITY-STATE-ZIP Boca Raton, FL 33432-2704 ☐ Change ☒ Addition

2.1 TITLE T
2.2 NAME John Marino
2.3 STREET ADDRESS 980 N. Federal Highway
2.4 CITY-STATE-ZIP Boca Raton, FL 33432-2704 ☐ Change ☒ Addition

3.1 TITLE S
3.2 NAME June Owens
3.3 STREET ADDRESS 101 N. Plumosa Street
3.4 CITY-STATE-ZIP Merritt Island, FL 32953 ☐ Change ☒ Addition

4.1 TITLE V
4.2 NAME Dana Kilborne
4.3 STREET ADDRESS 980 N. Federal Highway
4.4 CITY-STATE-ZIP Boca Raton, FL 33432-2704 ☐ Change ☒ Addition

5.1 TITLE V
5.2 NAME Ward Kellogg
5.3 STREET ADDRESS 980 N. Federal Highway
5.4 CITY-STATE-ZIP Boca Raton, FL 33432-2704 ☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
000001732920
-03/05/96--01097--017
***208.75

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Marino

Date

(407) 392-4000

Business Phone #

CR2E034 (12/95)