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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAR 28 PM 12:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L87087

(7) N/C 03/17/97

1. Corporation Name

~~HIGOR, INC.~~

TACCOR, INC.

(Document No.)
L 87087

Principal Place of Business

1837 KEMPTON RD
1746 HOUGHTON DR
CHARLESTON SC 29412
US

Mailing Address

1837 KEMPTON RD
1746 HOUGHTON DR
CHARLESTON SC 29412-2804
US

3. Date Incorporated or Qualified
07/12/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 1837 KEMPTON RD

2a. Mailing Address

26 1837 KEMPTON RD.

4. FEI Number

57-0971297

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 CHARLESTON SC

City & State

28 CHARLESTON SC

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 29412

Country

25 US

Zip

29 29412

Country

30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VAUGHEN, DANIEL R.
333 E. NEW YORK AVE
101 N. WOODLAND BLVD.
DELAND FL 32721

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
ORGAN, LESLIE W.
STREET ADDRESS
1746 HOUGHTON DR
CITY-STATE-ZIP
CHARLESTON SC

TITLE ☐ DELETE

NAME
BRADHAM, GILBERT B.
STREET ADDRESS
17 ASHLEY AVE.
CITY-STATE-ZIP
CHARLESTON SC

TITLE ☐ DELETE

NAME
STEWART, ROBERT W.
STREET ADDRESS
201 HUNTINGTON RD.
CITY-STATE-ZIP
GREENVILLE SC

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

1837 KEMPTON RD
CHARLESTON, SC

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

8529 HIGHWAY 17N
MCLELLANVILLE, SC

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

100002127841

-03/28/97-01144-004

***165.00 ***165.00

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

Leslie W. Organ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESLE W. ORGAN

Date

3/23/97

Daytime Phone #

(903) 762-4174

0010749

CR2E034 (9/96)