FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:03

DOCUMENT # N94000000111 (4)

1. Corporation Name
TASK ACT!, INC.

Principal Place of Business	Mailing Address
2515 E. PINE ST. ORLANDO FL 32801	P.O. BOX 940291 MAITLAND FL 32794-0291

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1994
3a. Date of Last Report:
4. FEI Number: 59-3215115 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 932 Park Lake Cir	26 P.O. Box 941928
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Maitland, FL	City & State 28 Maitland, FL
Zip / Country 24 32751 / 25 Orange	Zip / Country 29 32794-1928 / 30 Orange

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALLEY, DIANA 832 PARK LAKE CR. MAITLAND FL 32751	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) Same 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WALLEY, DIANA	12 NAME	
STREET ADDRESS	932 PARK LAKE CR.	13 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	DRAKE, JULIE	22 NAME	
STREET ADDRESS	3394 WINDY WOOD DR.	23 STREET ADDRESS	***Delete***
CITY-ST-ZIP	ORLANDO FL 32806	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	HERMAN, TAMMY	32 NAME	
STREET ADDRESS	3365 GRAY FOX COVE	33 STREET ADDRESS	***Delete***
CITY-ST-ZIP	APOPKA FL 32703	34 CITY-ST-ZIP	
TITLE		41 TITLE	D ☐ Change ☒ Addition
NAME		42 NAME	Vice President Don Wood
STREET ADDRESS		43 STREET ADDRESS	8980 Chrichton Woods Dr
CITY-ST-ZIP		44 CITY-ST-ZIP	Orlando, FL 32819
TITLE		51 TITLE	D ☐ Change ☒ Addition
NAME		52 NAME	Judith Barrett
STREET ADDRESS		53 STREET ADDRESS	719 Irma Avenue
CITY-ST-ZIP		54 CITY-ST-ZIP	Orlando, FL 32803
TITLE		61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	Tracey Spangler
STREET ADDRESS		63 STREET ADDRESS	3365 Maguire Blvd. Ste. 175
CITY-ST-ZIP		64 CITY-ST-ZIP	Orlando, FL 32803 nav 1

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)(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: Diane L Walley 4/24/95 407 677-7777
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL: OFFICER OR DIRECTOR — Date — Daytime Phone # X 2/2

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