

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P18783 (1)

1. Corporation Name
TAG, INC.

Principal Place of Business 7800 BELFORT PARK WAY STE 100 JACKSONVILLE FL 32256 US	Mailing Address 7800 BELFORT PARK WAY STE 100 JACKSONVILLE FL 32256 US
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DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified 04/11/1988	9a. Date of Last Report 05/01/1994
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 41-0953054	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KIRSCHNER, MAIN, PETRIE, GRAHAM&STANNER ONE INDEPENDENT DR. JACKSONVILLE FL 32202	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
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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 for 4 applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VSD	NAME KIRSCHNER, KENNETH M.	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS ONE INDEPENDENT DR.	CITY - ST - ZIP JACKSONVILLE FL	1.2 NAME	
		1.3 STREET ADDRESS <i>Suite 2000</i>	
		1.4 CITY - ST - ZIP	
TITLE AS	NAME GRAHAM, T. MALCOLM	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ONE INDEPENDENT DR.	CITY - ST - ZIP JACKSONVILLE FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE VT	NAME MABRY, WILLIAM R. III	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7800 BELFORT PKWY, SUITE 170	CITY - ST - ZIP JACKSONVILLE FL	3.2 NAME	
		3.3 STREET ADDRESS <i>Suite 100</i>	
		3.4 CITY - ST - ZIP	
TITLE D	NAME CAREY, EDWARD M. SR.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 830 5TH AVENUE	CITY - ST - ZIP NEW YORK NY	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE D	NAME SCHULTZ, FREDERICK H.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 118 W. ADAMS STREET	CITY - ST - ZIP JACKSONVILLE FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE P	NAME WILSON, STEVEN J.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7800 BELFORT PKWY, SUITE 100	CITY - ST - ZIP JACKSONVILLE FL	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 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 110.07(3)(a), 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 a statement with an address.

SIGNATURE: *J. Steven Wilson* DATE: *4/27/95* (904) 201-2200
Signature and typed or printed name of signing officer or director