

**CORPORATION
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 JAN -5 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

DOCUMENT #

Tias, Inc.

P 96168 (1)

Mailing Address

4721 MORRISON DRIVE
PO BOX 180266 (36625)
MOBILE AL 36609

Principal Place of Business

4721 MORRISON DRIVE
PO BOX 180266 (36625)
MOBILE AL 36609

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03-18-87

3a. Date of Last Report

01-01-95

2. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Principal Place of Business

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

75-2184881

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

7. Nonprofit Exempt from \$138.75 Supplemental Fee

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

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

1201 HAYES STREET

83 Suite, Apt. #, etc.

SUITE 105

84 City

TALLAHASSEE

FL

85 Zip Code

32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or principal place of business, 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, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

C/B/D

1.2 NAME

BISHOP, E.E.

1.3 STREET ADDRESS

156 COLLEGE LANE

1.4 CITY - ST - ZIP

MOBILE AL

2.1 TITLE

V/O

2.2 NAME

OUTLAW, A.R.

2.3 STREET ADDRESS

3920 YESTER PLACE

2.4 CITY - ST - ZIP

MOBILE AL

3.1 TITLE

P/C/E

3.2 NAME

BEALL, SAMUEL E. III

3.3 STREET ADDRESS

17765 SCENIC HWY 98

3.4 CITY - ST - ZIP

POINT CLEAR AL

4.1 TITLE

V/C/T

4.2 NAME

MOTHERSHED, J. RUSSELL

4.3 STREET ADDRESS

2016 MARIAN DR.

4.4 CITY - ST - ZIP

MOBILE AL

5.1 TITLE

V/S

5.2 NAME

HUNT, PHILIP G.

5.3 STREET ADDRESS

203 TUTHILL LANE

5.4 CITY - ST - ZIP

MOBILE AL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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1/5/96

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 release Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, 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

12-26-95

344-3000

Date Daytime Phone #