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PROFIT **CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DOCUMENT #

(5)

May 16 1997 8:00am

Secretary of State

| | TAPCO | UNDER! | WRITERS, INC. | | 'ew' + | | | | | | | | |
|---------------------|---------------------------------|--|---|-----------------------------|--|------------------------|-------------|-----------------|---|---|----------------|----------------------------|---------------|
| Pr | incipal Place | e of Busines | S | Mai | ling Address | | | | | 4 160 (106) 100)(()) 100 (0)(6) (10) | IIDI UIZII DIS | II diğil giğil di ş | JII DIDA MUI |
| | 0035 & CHUP BURLINGTON | | | | 195 S. CHURCH ST. URLINGTON NC 272 | | | | | | | | |
| | | | | | | | - - | | | Date Incorporated or Qualified 01/21/1992 | | ate of Last R 4/24/1996 | |
| 9 | Principal Pl | lace of Busi | ness | 28. | Mailing Address | | | | - | 4. FEI Number | | | plied For |
| 21 | Timelparri | idoo oi posi | 1000 | 26 | maining / taaress | | | | | 56-1363658 | | h | ot Applicable |
| -1 | Suite, Apt. #, etc. | | | - | Suite, Apt. #, etc. | | | | | | | \$8.75 | |
| 22 | 22 | | | 27 | | | : | | | 5. Certificate of Status Desired | Ш | Fee Re | equired |
| | City & State | | | | City & State | | | : | | 6. Election Campaign Financing | | \$5.00 | |
| 23 | | | · | 28 | <u></u> | | | | | Trust Fund Contribution | 니 | Added | |
| | Zip | | Country | —¬ | Zip | | puntry | | | 8. This corporation has liability for | | tax under s ☐ No | . 199.032, |
| 24 | | Q Name | 25 and Address of Curre | 29 ont Registr | ered Agent | 30 | ,T | | | Florida Statutes 10. Name and Address of New R | | | |
| H | | | RATION SYSTEM | The Flogist | orou rigorii | | 81 | Name | | 10. | 9.0.0.02 | | |
| | | | PINE ISLAND ROAD | 1 | | | 82 | 0 | A -1-1 | (2 O D. N | 5.1.5 | | |
| PLANTATION FL 33324 | | | , | | | | Street | Addre | dress (P.O. Box Number is Not Acceptable) | | | | |
| i | | 74117111011 | 1 2 00021 | | | | 83 | | | | | | |
| | | | | | | | | 0.1 | | | | | 0-4- |
| l | | • | | | | | 84 | City | | | FL | _ ' ' | Code |
| 11 | I. Pursuant t | to the provis | sions of Sections 607.05 | 02 and 60 | 7.1508, Florida Sta | tutes, the | abov | e-namec | corpo | oration submits this statement for the on's board of directors. I hereby according to the orange of | purpose o | f changing it | ts registered |
| 1 | agent. La | egistered a <u>ı</u> ım f am iliar w | gent, or both, in the Stat with, and accept the obli | e of Floridi gations of, | a. Such change wa Section 607.0505, | ıs aumon. Florida S | talute: | 7 ine cor 8. | poratic | on's board or directors. I hereby acce | spi ine app | oniment as | registered |
| 1 | GNATURE | | | | | | : | | | : | | | |
| | | Signature, type | d or printed name of registered a | | <u> </u> | | · | ent signatur | e required | d when reinstating) | DATE | | |
| 12 | | ZKK | OFFICERS AI | ND DIREC | TORS DELETE | 1; | 3. TITLE | | Ţ | ADDITIONS/CHANGES TO OFF | ICERS AN | DIRECTOR Change | Addition |
| 1 | ILE | CDP | SON, TAPLEY O., JR. | | PT DETELE | | | | 1. | | | Citarge | Addition |
| 1 | ME | | 6. CHURCH ST. | | | | NAME | * ADDOCOD | | | | | |
| 1 | REET ADDRESS | | GTON NC 27216 | | | | CITY-S | ADDRESS | | | | | |
| $\overline{}$ | TY-ST-ZIP | VD | TOTOIT ITO EVE IV | | DELETE | | TITLE | 51 - ZIP | | | | ☐ Change | Addition |
| 1 | IME . | '- | SON, TAPLEY O., III | | — | | NAME | | | | | | • |
| 1 | REET ADDRESS | | CHURCH ST. | | | | | ADDRESS | | | | | |
| | CITY-ST-ZIP BURLINGTON NC 27216 | | | | | 2. 4 CITY-ST-ZIP | | | | | | | |
| - | LE | SDT | | | DELETE | | TITLE | | 1 | | | ☐ Change | Addition |
| N | IME | 1 | SON, JEAN W. | | | 3. | NAME | | | | | | |
| 51 | REET ADDRESS | 3035 S | S. CHURCH ST. | | | 3.3 | STREET | ADDRESS | | | | | |
| CI | TY-ST-ZIP | BURLI | NGTON NC 27216 | | | 3. | 4. CHY- | S1-ZIP | | | | | |
| TI | TLE | · · | | | DELETE | 4. | TITLE | | | | | Change | Addition |
| N | ME | | | | | 4. | 2 NAME | | | | | | |
| S1 | REET ADDRESS | | | | | 4.5 | STREET | ADDRESS | | | | | |
| _ | TY-ST-ZIP | | | | | | CITY-S | 81 - ZIP | | | | T-1 6 | [-] x |
| 1 | TLE . | | | | ☐ DELETE | | TITLE | | | | | Change | Addition |
| 1 | ME | | | | | | ≱ NAME : | | | | | | |
| SI | REET ADDRESS | | | | | | | ADDRESS | 1 | | | | |
| _ | TY-ST-ZIP | ļ | | | | | CITY- | ST - ZIP | | | | 170 | Addition |
| 111 | | | | | I DELETE | | | | | | | | |
| 1 - | TLE - | | | | DELETE | | TITLE | | | | | Change | Auditibil |
| 1 | WE | | | | L_ DELETE | 6. | 2 NAME | t ADDRESS | | | | L Change | L. Audition |
| S | | <u>.</u> | | _ | DELETE | 6. 6. | 2 NAME | T ADDRESS | | | | L_J Change | LJ Audition |

14. I do hereby certify that the information supplied with it information indicated on this annual report or supplied I am an officer or director of the corporation or the report of the appears in Block 12 or Block 13 if changed or on an appears in Block 12 or Block 13 if changed or on a process of the corporation o bie filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the nortal annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that ships or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name