

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 31 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000047845 (1)

1. Corporation Name

ACCESSORIES BY T.A.P., INC.

Principal Place of Business

Mailing Address

9545 RANGELINE RD
FT PIERCE FL 34987

9545 RANGELINE RD
FT PIERCE FL 34987

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1993

3a. Date of Last Report

04/01/1994

4. FEI Number

65-0435471

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

8. This corporation has liability for intangible tax under s. 194.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

MULVEY, PATRICK
739 SE EVERGREEN TERRACE
PORT ST LUCIE FL 34983

10. Name and Address of New Registered Agent

81. Name

Mulvey, Patrick

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

2393 S.W. Ivory Rd

83.

P.S.L., FL 34983

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 of application)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MULVEY, PATRICK
STREET ADDRESS 739 SE EVERGREEN TERRACE
CITY, ST, ZIP PORT ST LUCIE FL 34983

TITLE B
NAME MULVEY, JACK
STREET ADDRESS 9501 RANGELINE RD
CITY, ST, ZIP FT PIERCE FL 34987

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP ☐ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP ☐ Change ☐ Addition

31. TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP ☐ Change ☐ Addition

41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP ☐ Change ☐ Addition

51. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP ☐ Change ☐ Addition

61. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. 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 119.07(3)(k), 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.

SIGNATUREX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature (None)

7-27-95

407-4686430

CR2E034 (3/95)