

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000057420 (0)

1. Corporation Name

T.A.C. ENTERPRISES, INC.



Principal Place of Business

C/O PAPA JOHN'S PIZZA
38-C BLANDING BLVD.
ORANGE PARK FL 32073

Mailing Address

841 W WOODCHASE RD
KNOXVILLE TN 37922
US

2. Principal Place of Business

2a. Mailing Address

21 Street, Apt. #, etc.

26 Street, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

08/16/1993

3a. Date of Last Report

03/24/1995

4. FEI Number

62-1542145

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. 199.032,
Florida Statutes

☐ Yes

☒ No

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

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (If not, then Signature of Officer or Director)

Signature of Registered Agent (Signature required when registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	TSATAROS, NICK	
STREET ADDRESS	6915 FALLEN LEAF CIRCLE	
CITY, ST, ZIP	LOUISVILLE KY 40241	
TITLE	V	☐ DELETE
NAME	GILBERT, DON	
STREET ADDRESS	4292 PEPPERMILL LN	
CITY, ST, ZIP	CINCINNATI OH 45242	
TITLE	TS	☐ DELETE
NAME	OAKES, MAURICE	
STREET ADDRESS	841 W. WOODCHASE RD.	
CITY, ST, ZIP	KNOXVILLE TN 37922	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1.1 NAME	
1.2 STREET ADDRESS	
1.3 CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2.1 NAME	
2.2 STREET ADDRESS	
2.3 CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3.1 NAME	
3.2 STREET ADDRESS	
3.3 CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4.1 NAME	
4.2 STREET ADDRESS	
4.3 CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5.1 NAME	
5.2 STREET ADDRESS	
5.3 CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6.1 NAME	
6.2 STREET ADDRESS	
6.3 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.

SIGNATURE:

Maurice A. Oakes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAURICE A. OAKES

1-17-96

423-966-4659

Date

CLT File Phone #

CR2E034 (12/95)