FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300063135 (6)

TADM, INC.

Mailing Address

FILED May 06 1997 8:00am Secretary of State



Principal Place	e of Business	Mailm	Mailing Address								
800 HARBOR ISLAND CLEARWATER BEACH FL 34830			800 HARBOR ISLAND CLEARWATER BEACH FL 34630-1800								
							 Date Incorporated or Qualified 09/07/1993 	3a. Date 03/14/		Report	
2. Principal Pl	lace of Business	2a. Ma	- Action				4, FEI Number 59-3227942	Applied For Not Applicable			
Suite, Apt.	#, etc.	27 Su	Suite, Apt. #, etc.				5. Certificate of Status Desired	_		Additional equired	
City & State	θ	Cit	City & State				6. Election Campaign Financing	\$5.00 May Be			
Zip	Country		Zip Cou				Trust Fund Contribution 8. This corporation has liability for it	Added to Fees			
24	25				Florida Statutes 🔀 Yes 🗌 No				, , , , , , , , , , , , , , , , , , , ,		
	g. Name and Address of Cur	rent Registere	d Agent				10. Name and Address of New Re	listered Age	nt		
MICH	HAELS, THOMAS O				81	Name					
1370 PINEHURST RD. Dunedin Fl 34898				82 Street Add			Address (P.O. Box Number is Not Acceptab	e)			
NOO	EUN FL 34090				83						
					84	City		FL ⁶	35 Zip	Code	
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob-	ate of Florida 3	Such change was	authorize	d by	the corp	corporation submits this statement for the population's board of directors. I hereby accept	urpose of ch	anging i Iment as	ts registered registered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if ap	plicable. (NO)	E Rogistere	d Ape	nt skinature	required when reinstating)	DATE			
12.		AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFIC		RECTOR	RS IN 12	
TITLE	D		DELETE	1.1 TI	1LE		ヤくて		Change	Addition	
NAME	MCMULLEN, THOMAS W			1.2 N	AME		THOMAS W. MCMUILE	n			
STREET ADDRESS	624 SNUG ISLAND			1.3 \$1	IREET	ADDRESS	THOMAS W. McMulle 624 Snug Island Clopkwater BOACH,				
CITY-ST-ZIP	CLEARWATER BEACH FL 34	1630		1.4 CI	11Y-S	1-ZIP	CLARKWATER BEACH,	FL 39	/63¢	>	
TITLE	D		☐ DELETE	2 1 TI	1LE				Change	Addition (
NAME	MCMULLEN, DONNA B			2.2 N	AME						
STREET ADDRESS	624 SNUG ISLAND			2.3 \$1	REET	ADDRESS				1	
CITY-ST-ZIP	CLEARWATER BEACH FL 34	1630		2.40	BY-8	T-ZIP					
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NAME				3.2 N	AME						
STREET ADDRESS						ADDRESS					
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						ADDRESS					
CITY-ST-ZIP TITLE			DELETE	9.4 U		1-ZIP			Change	Addition	
NAME				5.2 N					ondingo	1	
STREET ADORESS						ADDRESS					
CITY-ST-ZIP				5.4 CI							
TITLE			DELETE	6.1 TI		1 611			Change	Addition	
NAME			-	6.2 N				_	•		
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				64 C							
	114 24 24 2 4	de maria de la compania									

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.