

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
(850) 487-4444 FAX (850) 487-4445

**APPROVED
AND
FILED**

MAY 13 AM 10:15

DOCUMENT # P93000070529 (1)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TAD - CAD, INC.

3329 WHISPERING DR N
LARGO FL 34641

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LARGO FL 34641

2. Date of Incorporation or Reincorporation 10/04/1993		3a. Date of Last Report 05/01/1994	
4. FIC Number 59-3206572		Applied For ☐ Not Applicable	
5. Certificate of Status Received ☐		\$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 attorney's fee under Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent DEVIEGER, THEODORE A 3329 WHISPERING DR N LARGO FL 34641		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Applicable)	83.	84. City, FL 85. Zip Code

11. I, the undersigned, being duly sworn, depose and say that I am the duly authorized officer or director of the corporation named herein, and that the foregoing information is true and correct to the best of my knowledge and belief, and that the same conforms to the requirements of the Florida Statutes.

SIGNATURE OF OFFICER OR DIRECTOR: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
NAME D DEVIEGER, THEODORE 3329 WHISPERING DR N LARGO FL		NAME	☐ Chair ☐ Alternate
		NAME	☐ Chair ☐ Alternate
		NAME	☐ Chair ☐ Alternate
		NAME	☐ Chair ☐ Alternate
		NAME	☐ Chair ☐ Alternate
		NAME	☐ Chair ☐ Alternate
		NAME	☐ Chair ☐ Alternate
		NAME	☐ Chair ☐ Alternate
		NAME	☐ Chair ☐ Alternate
		NAME	☐ Chair ☐ Alternate

14. I, the undersigned, being duly sworn, depose and say that the foregoing information is true and correct to the best of my knowledge and belief, and that the same conforms to the requirements of the Florida Statutes.

SIGNATURE: *T. A. Devieger* President TED A. DEVIEGER 4/25/95 813-531-3667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR