

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$376)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

25 JUN 1995 8:25

DOCUMENT # P93000073476 (2)

1. Corporation Name

TAS, INC.

Principal Place of Business

200 WILLARD STREET
COCOA FL 32822
US

Mailing Address

~~200 WILLARD STREET~~
~~COCOA FL 32822~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1993

3a. Date of Last Report

04/04/1994

4. FEI Number

59-3210052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$9.75 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

2. Principal Place of Business

21

2a. Mailing Address

26

870 Indianola Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Merritt Island FL

Zip

Country

Zip

Country

24

25

29

32953

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, JANE
870 INDIANOLA DR.
MERRITT ISLAND FL 32953

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 607.0502 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 fee if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1.

TITLE D
NAME POWELL, JANE
STREET ADDRESS 870 INDIANOLA DR.
CITY, ST, ZIP MERRITT ISLAND FL 32953

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE D
NAME POWELL, ROBERT P JR.
STREET ADDRESS 870 INDIANOLA DR.
CITY, ST, ZIP MERRITT ISLAND FL 32953

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE D
NAME ELEBASH, ALBERT JR.
STREET ADDRESS 200 WILLARD STREET
CITY, ST, ZIP COCOA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/95

Daytime Phone #

CR2ED34 (3/95)