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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

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Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90028 049 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P93000088697**1. Corporation Name

TAB ENGINEERING, INC.

Principal Place	e of Business	Mailing Address				81 18181 13118 31118 1	
8 HUDSON AVE 8 HUDSON AVE		8 HUDSON AVE					
OCEANRIDGE FL'33435 OCEA		OCEANRIDGE FL 33435	• •		DO NOT WRITE IN TH	IS SPACE	
us		US			3. Date Incorporated or Qualifed	- ,	
	•				01/03/1994		
2. Principal Pl	lace of Business	2a. Mailing Address	***		4. FEI Number	 	lied For
21	·	26			65-0457770		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Ad Fee Req	
City & State	θ	City & State			6. Election Campaign Financing	\$5.00 M	May Be
23		28		_	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year	Intangible ☐ Yes [□No
24	25	1=0	30	_	Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Curr	ent Registered Agent	81	Name	10, Maine and Address of New Hogisters		
	CK, DOUG	e Control Control	82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	ENGINEERING				2.50 (Lat Bist Cit & Fina :	2011 15-153
	S SW 10 ST		83	i			門無用
DAV	NTON BEACH FL 33426		84		्राप्त का निर्माण का विश्ववेद रहता है। इ.स. १९८७	85 Zip C	ode
	to the provisions of Sections 607.0 to the provisions of Sections 607.0 egistered agent, or both, in the Star	502 and 607.1508, Florida Statutes te of Florida. Such change was aut pations of, Section 607.0505, Florid	1	1	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its region	registered istered
	Signature, typed of printed name of registered a	gent and title if applicable. (NOTE: F	s, the above thorized by da Statutes HAU (Registered Ager	re-named corp the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the purpose of the p	of changing its regionstruction	
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CITY-ST-ZIP 14. I 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 of 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

2524 878 40.23

TITLE

NAME

STREET ADDRESS

DELETE