

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Matham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000004403 (9)

1. Corporation Name

TABMOC INCORPORATED

W97000025099

Principal Place of Business

Mailing Address

% WALLACE R. KNIFLEY
1565 HEALEY STREET, NW
PALM BAY FL 32907

% WALLACE R. KNIFLEY
1565 HEALEY STREET, NW
PALM BAY FL 32907

FILED

97 DEC -4 PM 2:09

SECRETARY OF STATE



REINSTATEMENT 96-97

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21. 5030 MINTON RD		26. SAME		01/01/1994		07/11/1995	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number		Applied For	
23. PALM BAY FL		28. City & State		59-3221656		Not Applicable	
24. 32907		29. Zip		5. Certificate of Status Desired		8.75 Additional	
25. BROWARD		30. Country		☐		Fee Required	
				6. Election Campaign Financing		5.00 May Be	
				Trust Fund Contribution		Added to Fees	
				7. This corporation has liability for intangible tax under s. 199.038		☐ Yes ☐ No	
				Florida Statutes			

9. Name and Address of Current Registered Agent

KNIFLEY, WALLACE R
1565 HEALEY STREET, NW
PALM BAY FL 32907

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 607.0502 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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10-30-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		☐ Change ☐ Addition	
TITLE	D	1.1 TITLE	
NAME	KNIFLEY, WALLACE R	1.2 NAME	
STREET ADDRESS	1565 HEALEY STREET, NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME	1565 HEALEY STREET, NW	2.2 NAME	
STREET ADDRESS	PALM BAY FL 32907	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-97
8-19-96
407 952-8312

CR2E034 (3/96)