

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAY -1 PM 6:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001492520
-05/17/95--01173--020
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000008187 (4)

1. Corporation Name

T & A PERFORMANCE, INC.

Principal Place of Business

4009 KILTY COURT
ORLANDO FL 32809

Mailing Address

4009 KILTY COURT
ORLANDO FL 32809

3. Date Incorporated or Qualified

01/21/1994

3a. Date of Last Report

2. Principal Place of Business

21 185 Drennen Rd

Suite, Apt. #, etc.

22 Suite 311

City & State

23 Orlando FL

Zip

24 32806

Country

25 Orange

2a. Mailing Address

26 185 Drennen Rd

Suite, Apt. #, etc.

27 Suite 311

City & State

28 Orlando FL

Zip

29 32806

Country

30 Orange

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$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 intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CARLISLE, RONALD W
2731 SILVER STAR ROAD
ORLANDO FL 32808-3035

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 the filer applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GRAVES, THOMAS R
STREET ADDRESS 411 KENTUCKY WOODS LANE
CITY, ST, ZIP ORLANDO FL 32824

TITLE VSD
NAME WILKIN, ANDREW M III
STREET ADDRESS 4009 KILTY COURT
CITY, ST, ZIP ORLANDO FL 32809

TITLE SD
NAME CARLISLE, RONALD W
STREET ADDRESS 2731 SILVER STAR ROAD
CITY, ST, ZIP ORLANDO FL 32808-3935

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Andrew M. Wilkin III

4/29/95

407.850.5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone