

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

ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA 32304-0001

APPROVED
AND
FILED

95 MAY 10 AM 10:35

DOCUMENT # P94000037614 (2)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.A.C. AIR, INC.

6295 FAIRGREEN RD.
WEST PALM BEACH FL 33417

6295 FAIRGREEN RD
WEST PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

2. Filing date of this report		2a. Filing method		3. Date of incorporation or qualified		3a. Date of last report	
21		26		05/18/1994		38	
22		27		4. Filing number		Applicable	
23		28		65-0553850		Not Applicable	
24		29		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26		31		7. Does corporation have liability for intangible tax under § 199.03?		8. Yes ☒ No ☐	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WADLINGTON, PAUL 6295 FAIRGREEN RD. WEST PALM BEACH FL 33417		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City, State, Zip Code FL 85	

11. Pursuant to the provisions of law being so required by the Florida Statutes, I, the undersigned, do hereby certify that the foregoing information is true and correct for the purpose of changing its registered office or registered agent in the State of Florida. I am not a director, officer, shareholder, or agent of the corporation, and I am not the registered agent of the corporation. I am not a director, officer, shareholder, or agent of the corporation, and I am not the registered agent of the corporation.

SIGNATURE

12. OFFICIALS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	DPVS WADLINGTON, PAUL 6295 FAIRGREEN RD. WEST PALM BEACH FL 33417	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME	T WADLINGTON, PAUL 6295 FAIRGREEN RD. WEST PALM BEACH FL 33417	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is true and correct, and that the corporation is in good standing with the Secretary of State. I am not a director, officer, shareholder, or agent of the corporation, and I am not the registered agent of the corporation. I am not a director, officer, shareholder, or agent of the corporation, and I am not the registered agent of the corporation.

SIGNATURE:

Paul Wadlington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-95

107 683 9551

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APPROVED AND FILED

CORPORATION,
ANNUAL REPORT



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32399-0001
TELEPHONE: 904-413-1000

1995

05/19/1994

DOCUMENT # P94000037976 (5)

05/19/1994

JEWEL & JAMES, INCORPORATED

**4253 CONWAY PLACE CR.
ORLANDO FL 32812**

**4253 CONWAY PLACE CR.
ORLANDO FL 32812**

DO NOT WRITE IN THIS SPACE

3. Date of Filing (Month/Day/Year) 05/19/1994	3a. Date of Last Report N/A
4. FET Number 59-3247129	Applied For ☐ Not Applicable
5. Certificate of Status Created ☐	\$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. 199.002 Foreign Statute ☐ Yes ☒ No	

2. Principal Office (City/County/State) 995 SR. 434 N Suite 401, Altamonte Springs FL 32714	2a. Mailing Address 32714
22. State Agent # 27	27. State Agent # 28
23. State Agent # 25	29. State Agent # 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMES, CHERYL M
4253 CONWAY PLACE CR.
ORLANDO FL 32812**

81. Name FL	85. Address 4253
82. Street Address (If C. Box Number is Not Applicable)	
83. City	
84. State	

11. I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct copy of the information required by the statute, and that the same is true and correct to the best of my knowledge and belief.

Cheryl M. James

5/19/95

12. OFFICER, DIRECTOR, OR OTHER OFFICER OF THE CORPORATION	13. ATTORNEY, COUNSEL, OR OTHER PERSON AUTHORIZED TO SIGN
NAME DP	NAME JAMES, CHERYL M
ADDRESS 4253 CONWAY PLACE CR.	ADDRESS 4253 CONWAY PLACE CR.
CITY ORLANDO	CITY ORLANDO
STATE FL	STATE FL
ZIP 32812	ZIP 32812
DATE 5/19/95	DATE 5/19/95
SIGNATURE <i>Cheryl M. James</i>	SIGNATURE <i>Cheryl M. James</i>

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stipulated in s. 199.002, Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief, 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 person or persons authorized to execute this report are required by Chapter 199, Florida Statutes, and that my name appears in Block 1 of this Block 14. I am not a director or officer of the corporation.

SIGNATURE:

Cheryl M. James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/95 (407) 665-7006