FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 APR 28 AM 10: 16
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000085074 (0)

1. Corporation Name

TARAX ENTERPRISES, INC.

Principal Place of Business
316 W 11 ST
PANAMA CITY FL 32405

Mailing Address
316 W 11 ST
PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1994

3a. Date of Last Report:

4. FEI Number: 59-3277380 — 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

2. Principal Place of Business
21: 316 W. 11th ST.
22: Suite, Apt. #, etc.
23: City & State: Panama City, Fl.
24: Zip: 32401
25: Country: US.

2a. Mailing Address
26: Same
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country: U.S.

9. Name and Address of Current Registered Agent

XYDIAS, AMY
316 W 11 ST
PANAMA CITY FL 32405

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	XYDIAS, AMY	1.2 NAME	
STREET ADDRESS	7 HARVARD CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	XYDIAS, TED	2.2 NAME	
STREET ADDRESS	7 HARVARD CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	COMBS, MYRETL	3.2 NAME	
STREET ADDRESS	958 HUNTINGDON RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	COMBS, EDWARD	4.2 NAME	
STREET ADDRESS	958 HUNTINGDON RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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)(i), 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: Amy L. Xydias — Amy Xydias — 4/25/95 — (904) 913-0225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0030825 CP