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**May 07 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000021948 (1)

1. Corporation Name
TASKER FAMILY CORPORATION



Principal Place of Business: **1255 GULF SHORE BLVD. NORTH #1-N NAPLES FL 33940**
Mailing Address: **1255 GULF SHORE BLVD. NORTH #1-N NAPLES FL 34102-4801**

3. Date Incorporated or Qualified: **03/16/1995**
3a. Date of Last Report: **08/13/1996**

2. Principal Place of Business: **21** Suite, Apt #, etc.
2a. Mailing Address: **26** Suite, Apt #, etc.
22. City & State: **27** City & State
23. Zip: **24** Country: **25** Zip: **29** Country: **30**

4. FEI Number: **65-0567062**
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: **GORDON, BRUCE H SHUMAKER, LOOP & KENDRICK 101 E. KENNEDY BLVD., #2500 TAMPA FL 33602**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input type="checkbox"/> DELETE	TASKER, EDWIN M	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: TASKER, EDWIN M	1255 GULF SHORE BLVD., N., #1-N	1.2 NAME:	
STREET ADDRESS: 1255 GULF SHORE BLVD., N., #1-N	NAPLES FL 33940	1.3 STREET ADDRESS:	
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: D <input type="checkbox"/> DELETE	ELWELL, SARA T	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: ELWELL, SARA T	1135 ASBURY AVE.	2.2 NAME:	
STREET ADDRESS: 1135 ASBURY AVE.	EVANSTON IL 60202	2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: D <input type="checkbox"/> DELETE	TASKER, JEREMIAH B	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: TASKER, JEREMIAH B	3157 CRAYTON RD.	3.2 NAME:	
STREET ADDRESS: 3157 CRAYTON RD.	NAPLES FL 33940	3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Jeremiah B. Tasker** (Signature) **JEREMIAH B TASKER 4-29-97 6490239** (Typed Name)
Date: _____ Daytime Phone #: _____

CF2E034 (9/96)