03-29-1999 90026 031 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000021948

TASKER FAMILY CORPORATION								
Principal Place of Business Mailing Address						18F1 01001 HUAU 1001		
1255 GULF SHORE BLVD. NORTH 1255 GULF SHORE BLVD. NO				RTH				
#1-N #1-N								
NAPLES FL 33940 NAPLES FL 33940						DO NOT WRITE IN THIS SPACE		
IC						3. Date Incorporated or Qualified 03/16/1995		
2. Principal Pla	2a. Mailing Address	viailing Address			"	Applied For		
21 26						00 0001002	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				F Codificate of Statue Decired	5 Additional	
22		27					Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	_ Cou	ntry		8. This corporation owes the current year Intangible	□ Na	
24	25	29 3	0			Personal Property Tax. Yes	□No	
Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent		
CORROLL PRINCE II				81	Name			
GORDON, BRUCE H				82	Street A	dress (P.O. Box Number is Not Acceptable)		
SHUMAKER, LOOP & KENDRICK								
101 E. KENNEDY BLVD., #2500				83				
TAMPA FL 33602				84 City		85 Z	ip Code	
					•	FL S S		
agent. I ar	m familiar with, and accept the obligat	lions of, Section 607,0505, Florid	ia Statt	uies.		rporation submits this statement for the purpose of changing tion's board of directors. I hereby accept the appointment as	registered	
	Signature, typed or printed name of registered agen		<u> </u>	Agent	t signature re	ind when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12	
12.	OFFICERS AN	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIREC		
TITLE	,		1.1 TITLE				,	
NAME	I/TO/TEIT, EDITION III		1	1.2 NAME				
STREET ADDRESS				1.3 STREET ADDRESS		•		
CITY-ST-ZIP				1.4 CITY-ST-ZIP		Chan	ge	
TITLE	D DELETE		ı	2.1 TITLE		□ Chair	ge LI Addition	
NAME	ELWELL; SARA T		2.2 N	2.2 NAME				
STREET ADDRESS	1135 ASBURY AVE.		2.3 ST	2.3 STREET ADDRESS		•	ļ	
CITY-ST-ZIP	EVANSTON IL 60202		-	2. 4 CITY-ST-ZIP		Char	ge Addition	
TITLE	D DELETE		3.1 TI	3.1 TITLE		☐ Chan	ge D Addition	
NAME	TASKER, JEREMIAH B		3.2 NA	3.2 NAME			İ	
STREET ADDRESS	3157 CRAYTON RD.		3.3 ST	3.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL (34103			3.4. CITY-ST-ZIP				
TITLE			4.1 TT	4.1 TITLE		Chan	ge 🗌 Addition	
NAME			4. 2 N	AME.			1	
STREET ADDRESS . 4.3			4.3 S1	TREET	ADDRESS		}	
CITY-ST-ZIP			4.4 CI	TY-ST	T-ZIP			
TITLE		☐ DELETE	5.1 TT	TLE		☐ Char	ge 🗌 Addition	
NAME		•	5.2 N/	AME			ſ	

CITY-ST-ZIP 14. I 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 officer or director of the corp Block 12 or Block 13 if chair with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition