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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P95000077631 (6)

TACTIL	$\cap \cap V$	INIC	

Principal Place	of Business	Mailing Address		LEAVED 110 (010) ELIN SONI BONI BONI BONI BEN 10010 9110 9110 9110 9110 9110 9110 91
18 NW THIR OCALA FL 3		18 NW THIRD AVENUE OCALA FL 34475	E	
				3. Date Incorporated or Qualified 10/07/1995 3a. Date of Last Report N/A
	ace of Business	2a. Mailing Address		4. FEI Number Applied Fo
<u> </u>		26		59=3347041 Not Applic
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition. Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zψ	Country	Zıp	Country	8. This corporation has liability for intangible tax under s 199.032,
4	25	29	30	Florida Statutes
	9. Name and Address of Curren	t Registered Agent	04 11	10. Name and Address of New Registered Agent
٥،٥٥٥	NT 1401451 4		81 Name	fillet A Rover III
	RT, MICHAEL A			ress (P.O. Box Number is Not Acceptable)
	THIRD AVENUE		83	8 Northwast Third Avenue
UCALA	FL 34475		03	
			84 City	85 Zio Code
11 Purcuant t	o the provisions of Sections 607 0503	and 607 1609 Florida Ptatuta	O the share second second	cala, Florida34475 ration submits this statement for the purpose of changing its registered
or registere	ed agent, or both, in the State of Florid	la. Such change was authorize	ed by the corporation's boa	ration submits this statement for the purpose of changing its registered a and of directors. I hereby accept the appointment as registered agent. I a
familijar wit	n, and accept the obligations of, Secti	on 607.0505, Florida Statutes		· •
	Millet a.	Buyer, III	W 6.151	2/8/96
	Signature, typed or printed name of registered agent	and tilk: if application / NO	TE flugistered Agunt signature require	nd when reinstating) DATE
12.	Sily at ire, typed or printed name of registered agent OFFICERS AND	and tilk: if application / NO	13.	nd when renstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. Till f	Sign at ine, typed or printed name of registered agent OFFICERS AND PD	and the Mapplicado (NO DIDIRECTORS	13. 1 1 TITLE	nd when reinstating) DATE
12. TILLE NAME	Styr at ire, typed or printed name of registered agent OFFICERS ANS	and the Mapplicado (NO DIDIRECTORS	13. 1 1 TITLE 12 NAME	nd when renstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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