

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000095029 (1)**

1. Corporation Name  
**TAS HOLDING GROUP, INC.**



Principal Place of Business: **1301 RIVERPLACE BLVD., STE. 1609 JACKSONVILLE FL 32207**  
Mailing Address: **1301 RIVERPLACE BLVD., STE. 1609 JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified: **12/08/1995**  
3a. Date of Last Report  
4. FET Number: **APPLIED FOR**  
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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**PEEK, EUGENE G III  
1301 RIVERPLACE BLVD., STE. 1609  
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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: <b>D</b>                                         | <input type="checkbox"/> DELETE | 1. TITLE: <b>S/D</b>                                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: <b>PEEK, EUGENE G III</b>                         |                                 | 2. NAME: <b>Robert J. Holroyd</b>                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS: <b>1301 RIVERPLACE BLVD., STE. 1609</b> |                                 | 3. STREET ADDRESS: <b>1301 Riverplace Boulevard, Suite 1609</b> |                                                                              |
| CITY-ST-ZIP: <b>JACKSONVILLE FL 32207</b>               |                                 | 4. CITY-ST-ZIP: <b>Jacksonville, Florida 32207</b>              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: _____                                            | <input type="checkbox"/> DELETE | 5. TITLE: _____                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME: _____                                             |                                 | 6. NAME: _____                                                  |                                                                              |
| STREET ADDRESS: _____                                   |                                 | 7. STREET ADDRESS: _____                                        |                                                                              |
| CITY-ST-ZIP: _____                                      |                                 | 8. CITY-ST-ZIP: _____                                           |                                                                              |
| TITLE: _____                                            | <input type="checkbox"/> DELETE | 9. TITLE: _____                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME: _____                                             |                                 | 10. NAME: _____                                                 |                                                                              |
| STREET ADDRESS: _____                                   |                                 | 11. STREET ADDRESS: _____                                       |                                                                              |
| CITY-ST-ZIP: _____                                      |                                 | 12. CITY-ST-ZIP: _____                                          |                                                                              |
| TITLE: _____                                            | <input type="checkbox"/> DELETE | 13. TITLE: _____                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME: _____                                             |                                 | 14. NAME: _____                                                 |                                                                              |
| STREET ADDRESS: _____                                   |                                 | 15. STREET ADDRESS: _____                                       |                                                                              |
| CITY-ST-ZIP: _____                                      |                                 | 16. CITY-ST-ZIP: _____                                          |                                                                              |

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\*\*\*200.00**

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)(k), 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 partner 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: *Eugene G. Peek III*  
Eugene G. Peek III, Secretary

4/29/96 904-399-1609

CR2E034 (12/95)

5/1/96