

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000096742 (8)

1. Corporation Name

STAN TAIT & ASSOCIATES, INC.

Principal Place of Business

864 EAST PARK AVENUE
TALLAHASSEE FL 32301

Mailing Address

864 EAST PARK AVENUE
TALLAHASSEE FL 32301



3. Date Incorporated or Qualified

12/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59 336 5398

Applied For

Not Applicable

22

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAIT, DAVID L
864 EAST PARK AVENUE
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and the corporation

(Note: Registered Agent Signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS TAIT, DAVID L
CITY-ST-ZIP 864 EAST PARK AVENUE
TALLAHASSEE FL 32301

TITLE ☐ DELETE

NAME STD
STREET ADDRESS TAIT, MARILYN P
CITY-ST-ZIP 864 EAST PARK AVENUE
TALLAHASSEE FL 32301

TITLE ☐ DELETE

NAME D
STREET ADDRESS TAIT, STAN
CITY-ST-ZIP 864 EAST PARK AVENUE
TALLAHASSEE FL 32301

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME TD
1.3 STREET ADDRESS LINDA TAIT
1.4 CITY-ST-ZIP 864 E. PARK AVE
TALLA, FL 32301

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VPD
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME SD
3.3 STREET ADDRESS LARRY TAIT
3.4 CITY-ST-ZIP 864 E. PARK AVE
TALLA FL 32301

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME D
4.3 STREET ADDRESS TERI BESSE
4.4 CITY-ST-ZIP 864 E. PARK AVE
TALLA FL 32301

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME D
5.3 STREET ADDRESS LISA TAIT
5.4 CITY-ST-ZIP 1717 RIVERBIRCH HOLLOW
TALLA FL 32308

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 222-2999
Date Date Printed

CR2E034 (12/95)