FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P95000096742 (8)

1. Corporation Name
STAN TAIT & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
864 EAST PARK AVENUE TALLAHASSEE FL 32301	864 EAST PARK AVENUE TALLAHASSEE FL 32301-2621

3. Date Incorporated or Qualified: 12/22/1995
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3365398 ☐ 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

TAIT, DAVID L
864 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	TAIT, DAVID L		1.2 NAME	TERI BESSE
STREET ADDRESS	864 EAST PARK AVENUE		1.3 STREET ADDRESS	864 E. PARK AVE
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	TALLA FL 32301
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TAIT, MARILYN P		2.2 NAME	
STREET ADDRESS	864 EAST PARK AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TAIT, STAN		3.2 NAME	
STREET ADDRESS	864 EAST PARK AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TAIT, LINDA		4.2 NAME	
STREET ADDRESS	864 E PARK AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TAIT, LARRY		5.2 NAME	
STREET ADDRESS	864 E PARK AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	TAIT, LISA		6.2 NAME	
STREET ADDRESS	1717 RIVERBIRCH HOLLOW		6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: David L Tait 3/10/97 904/222-2999