

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 AUG 31 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0105952

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000010061 (5)**

1. Corporation Name

TAZ-PRO CORPORATION

Principal Place of Business

Mailing Address

**454 EMORY OAK ST
OCOE FL 34761
US**

**454 EMORY OAK ST
OCOE FL 34761
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FORD, RICHARDS H
390 N. ORANGE AVE., STE. 1000
ORLANDO FL 32802**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D HEATH, RICKY R**
STREET ADDRESS **225 9TH AVE.**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ DELETE

NAME **D WRIGLEY, THOMAS G**
STREET ADDRESS **805 52ND CT.**
CITY-ST-ZIP **WEST DES MOINES IA 50265**

TITLE ☐ DELETE

NAME **D WRIGLEY, MARY A**
STREET ADDRESS **805 52ND CT.**
CITY-ST-ZIP **WEST DES MOINES IA 50265**

TITLE ☐ DELETE

NAME **D AMANDUS, JODI L**
STREET ADDRESS **225 9TH AVE.**
CITY-ST-ZIP **WINDERMERE FL 34786**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

500002630525--5

-09/01/98--01070--014

******150.00****150.00**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ricky R. Heath** **6-30-98** **(407) 654-4737**

CR2E034 (5/98)

SEAN:

I DID NOT RECEIVE THE ANNUAL REPORT FORM FOR THIS YEAR. AFTER A NOTICE, I CALLED THE DIVISION OF CORPORATIONS AND WAS TOLD TO SEND A CHECK FOR \$150.- AND AN EXPLANATION, TO HAVE IT FILED. THIS IS THE SECOND TIME I HAVE DONE SO. YOUR CO-WORKER, SHIRLEY, INSTRUCTED ME TO SEND IT TO YOU AND THAT YOU COULD TAKE CARE OF IT. THANK YOU!

SINCERELY,
Rick Heath