

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 12 1997 8:00am
Secretary of State

DOCUMENT # P96000087537 (2)

1. Corporation Name
C.P.A.S., INC.



Principal Place of Business
1578 THREE LANTERNS LN
TALLAHASSEE FL 32301

Mailing Address
1578 THREE LANTERNS LN
TALLAHASSEE FL 32301-6879

2. Principal Place of Business
21 2475 Apukachee Parkway
Suite, Apt. #, etc.
22 Suite 104
City & State
23 Tallahassee, FL
Zip Country
24 32301 25 Leon
26 Same
27 Suite, Apt. #, etc.
28 City & State
29 Zip Country
30

3. Date Incorporated or Qualified 10/22/1996
3a. Date of Last Report
4. FEI Number 59-3408136
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

WILLIS, STEPHEN C
2818-A KILKIERANE DR
TALLAHASSEE FL 32308

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	D Vice President	<input type="checkbox"/> DELETE
NAME	TAYLOR, CHRISTOPHER	
STREET ADDRESS	1578 THREE LANTERNS LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D President	<input type="checkbox"/> DELETE
NAME	TAYLOR, SHEILA	
STREET ADDRESS	1578 THREE LANTERNS LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	Secretary/Treasurer	<input type="checkbox"/> DELETE
NAME	1240 Hayes Rd	
STREET ADDRESS	CROSSVILLE Tenn 38555	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Taylor, Christopher	
1.3 STREET ADDRESS	1578 Three Lanters Lane	
1.4 CITY-ST-ZIP	Tallahassee FL 32301	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sheila	
2.3 STREET ADDRESS	1240 Hayes Rd	
2.4 CITY-ST-ZIP	CROSSVILLE Tenn 38555	
3.1 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Taylor, Philip	
3.3 STREET ADDRESS	1240 Hayes Rd	
3.4 CITY-ST-ZIP	CROSSVILLE Tenn 38555	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

4/9/97 904-309-1015

CR2E034 (9/96)