

DOCUMENT # P97000043965			
1. Entity Name TAI, INC.			
Principal Place of Business 100 2ND AVENUE SOUTH SUITE 600 ST PETERSBURG FL 33701		Mailing Address 100 2ND AVENUE SOUTH SUITE 600 ST PETERSBURG FL 33701-4360	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
SPAULDING, JERRY 2169 WATERSIDE DRIVE CLEARWATER FL 33764			Name
			Street Address (
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE <u>JERRY Spaulding</u> (NOTE: Registered Agent signature required)			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			
FILE NOW!!! FEES \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPAULDING, JERRY 2169 WATERSIDE DRIVE CLEARWATER FL 33764	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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12.			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, Chapter 607, which provides that a corporation or receiver or trustee empowered to execute this report as required by Chapter 607, shall have the right to change, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>JERRY Spaulding</u> J. V. Spaulding			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. Spaulding* *J. V. Spaulding* *1/10/00* *722-5847691*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 ('9/99')