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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000060487 (0)

TASECO, INC.

FILED May 01 1998 8:00am Secretary of State



Pi	rincipal Place	of Business		_					11	A911881 (18.)	1811 1881	48141 PE	*** ******	A 5 116 B(6)		·##: 1811				
1697 CLAYTON RD					1697 CLAYTON RD															
CHIPLEY FL 32428					CHIPLEY FL 32428						DO NOT WRITE IN THIS SPACE									
											3. Date	Incorpor	ated or	Qualific	ed					
		_										/11/199)7							_
2. Principal Place of Business				Ţ	2a. Mailing Address						4. E.S	Number	11 -	103	,		<u> </u>		olied For	_
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Suite, Apt. #, etc.				<u> </u>	Suite, Apt #, etc.					[]	5. Certi	ificate of	Status [Desired				./ ၁ A ee Re	dditional oulred	
City & State					City & State						E Flect	tion Camp	naign E	inancin					May Be	-
23			<u> </u>	28					1		t Fund Co	-						Fees		
Zip Country			-	Zip Coun				ntry 8. This c			corporati	on owe	s or has	s paid	the cur	rent ye	ar Inte	ngible		
24		25			29 30						8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No								_	
		9. Name an	d Address	of Current Re	gister	ed Agent				··	0. Nam	ne and A	ddress	of New	/ Regi	stered /	Agent			4
		PIN, JAMES						81	Name											
1697 CLAYTON RD CHIPLEY FL 32428							82	Street A	Address	(P.O. B	ox Numb	er is No	ot Acce	ptable	e)					
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								0.5												
								84	City							FL	85	Zip C	ode	
1	1. Pursuant t	to the provision	s of Section	s 607.0502 am	o 607.	1508, Florida Statu	ites, the a	Dove bove	a-named (i corpora	lion sub	mits this	stateme	ent for t	he pu	roose of	chang	ging its	registere	d
	office or re	e giste red agen	it, or both, in	rthe State of F	torida -	Such change was ection 607.0505, F	authorize	d by	the corp	poration's	s board	of directe	ors. I he	ereby a	ccept	the app	ointme	⊮nt as i	egistered	
s	IGNATURE .															DATE				-
Signature, typed or printed name of eigsteren age 12. Of LICERS AN					AND DIRECTORS 13.				d Agent signature required when			TIONS/CH	HANGE	S TO O	FFICE		DIRE	CTOR	S IN 12	<u>ا</u> و
_	TLE	D			DELETE			IILE		Τ							☐ Ch		Addition	n Ş
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							STREET ADDRESS													
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4. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Flurther 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.