

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$205 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$205.)

AMENDED PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # *Realty 536876*
1. Corporation Name *TAS CORPORATION*

Principal Place of Business
*14339 MANDOLIN DR.
ORLANDO, FLA. 32837*

Mailing Address

2. Principal Place of Business

21 State: *FLA*

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State: *FLA*

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

*JACK SHOFFNER
3948 SUNBEAM RD. #4
JACKSONVILLE, FLA.
32257*

3. Date Inc. organized or Qualified

3-7-91

3a. Date of Last Report

4-5-96

4. FLE Number

59-3061566

As of Last Report

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. 191.02, Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name *JACK SHOFFNER*
82 Street Address (P.O. Box Number is Not Applicable)
14339 MANDOLIN DR.
83 City
ORLANDO
84 State
FL
85 Zip
32837

11. Pursuant to the provisions of Section 607.04, Florida Statutes, this at-large corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Any such change was authorized by the corporation's board of directors, thereby making the registered agent I am filing for and accepting responsibility for under Section 607.04(1), Florida Statutes.

SIGNATURE *[Signature]* **JACK SHOFFNER**

8-27-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY & STATE
☐ OFFICER			
☐ DIRECTOR			
☐ OFFICER			
☐ DIRECTOR			
☐ OFFICER			
☐ DIRECTOR			
☐ OFFICER			
☐ DIRECTOR			
☐ OFFICER			
☐ DIRECTOR			

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 12)

TITLE	NAME	STREET ADDRESS	CITY & STATE
☒ PRESIDENT + DIRECTOR + TREASURER	<i>JACK SHOFFNER</i>	<i>14339 MANDOLIN DR.</i>	<i>ORLANDO, FLA. 32837</i>
☒ DIRECTOR	<i>DOROTHY C. SHOFFNER</i>	<i>V.P. + SEC. + DIR.</i>	<i>14339 MANDOLIN DR.</i>
		<i>ORLANDO, FLA. 32837</i>	

14. I, the undersigned, being duly qualified, hereby certify that the foregoing is a true and correct statement of the changes to the officers and directors of the corporation as filed with the Department of State, Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **JACK SHOFFNER PRES.**

8/27/96 (407) 892-7137

CR2E034 (3/96)