

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V26290 (9)

1. Corporation Name

T.A. SALES, INC.



Principal Place of Business

Mailing Address

15061 REDINGTON DR. 15831 Redington DR
REDINGTON BEACH FL 33708 REDINGTON BEACH FL 33708

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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, THURSTON
15061 REDINGTON DR.
REDINGTON BEACH FL 33708

CHANGE OF
ADDRESS

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

15831 REDINGTON DR

83

84

Redington Beach

FL

85 Zip Code

33708

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 block of applicable

(2001) Registered Agent signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
ANDERSON, THURSTON
15061 REDINGTON DRIVE
REDINGTON BEACH FL

1.2 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 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

6.5 TITLE

6.6 NAME

6.7 STREET ADDRESS

6.8 CITY-ST-ZIP

6.9 TITLE

6.10 NAME

6.11 STREET ADDRESS

6.12 CITY-ST-ZIP

6.13 TITLE

6.14 NAME

6.15 STREET ADDRESS

6.16 CITY-ST-ZIP

6.17 TITLE

6.18 NAME

6.19 STREET ADDRESS

6.20 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

THURSTON ANDERSON

2-15-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)