

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000053061

**Entity Name:** TAB ASSOCIATES, INC.

**Current Principal Place of Business:**

16265 FRUIT WAY  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

16265 FRUIT WAY  
DELRAY BEACH, FL 33484 US

**FEI Number: 30-0833527**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LAYNE, WILLIAM B  
16265 FRUIT WAY  
DELRAY BEACH, FL 33484 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name LAYNE, WILLIAM B  
Address 16265 FRUIT WAY  
City-State-Zip: DELRAY BEACH FL 33484

Title CFO  
Name BAUMANN, TRACEY  
Address 16265 FRUIT WAY  
City-State-Zip: DELRAY BEACH FL 33484

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: WILLIAM B. LAYNE**

**PRESIDENT**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date