

**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 # P94000068244 (0)**  
1. Corporation Name  
**TAB ASSOCIATES, INC.**



Principal Place of Business  
**28722 CARMEL WAY  
BONITA SPRINGS FL 33923**

Mailing Address  
**28722 CARMEL WAY  
BONITA SPRINGS FL 33923**

3. Date Incorporated or Qualified **09/16/1994** 3a. Date of Last Report **04/20/1995**

2. Principal Place of Business  
21 **177 CHANNEL DRIVE** 2a. Mailing Address  
26 **177 CHANNEL DRIVE**  
Suite, Apt. #, etc.

4. FEI Number **65-0515879** Applied For  
Not Applicable

22 City & State  
23 **NAPLES, FL** 27 City & State  
28 **NAPLES, FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **33963** 25 Country **USA** 29 Zip **33963** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HIGGINS, BERNARD J  
28722 CARMEL WAY  
BONITA SPRINGS FL 33923**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**177 CHANNEL DRIVE**  
83  
84 City **NAPLES** FL 85 Zip Code **33963**

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

Sign in all typed or printed name of registered agent and the taxpayer.

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>DP</b>	<input type="checkbox"/>
NAME	<b>HIGGINS, BERNARD J.</b>	
STREET ADDRESS	<b>28722 CARMEL WAY</b>	
CITY - ST - ZIP	<b>BONITA SPRINGS FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/>
NAME	<b>HIGGINS, ANNETTE H.</b>	
STREET ADDRESS	<b>28722 CARMEL WAY</b>	
CITY - ST - ZIP	<b>BONITA SPRINGS FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	<b>177 CHANNEL DRIVE</b>		
1.4 CITY - ST - ZIP	<b>NAPLES, FL 33963</b>		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	<b>177 CHANNEL DRIVE</b>		
2.4 CITY - ST - ZIP	<b>NAPLES, FL 33963</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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: **ANNETTE H HIGGINS** **ANNETTE H HIGGINS** 4/8/96 (941)597-5605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)