

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J74974 (3)**
1. Corporation Name
FEDERATED TAX ACCOUNTING CORPORATION, INC.



Principal Place of Business Mailing Address
212 E. NOBLE AVE.
WILLISTON FL 32696

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **05/22/1987** 3a. Date of Last Report **06/13/1995**
4. FEI Number **59-2487307** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SMITH, JOSEPH E.
280 E. HATHAWAY AVE
P.O. BOX 117
BRONSON FL 32621

10. Name and Address of New Registered Agent
81 Name **Harriett K. Buchyn**
82 Street Address (P.O. Box Number is Not Acceptable)
212 E. Noble Avenue
83
84 City **Williston** FL 85 Zip Code **32696**

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 *Harriett K. Buchyn* *Harriett K. Buchyn* **7-24-96**
Signature, typed or printed name of registered agent and title (if applicable) (Date) Registered Agent signature required when reinstating (Date)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
1. PD ☐ DELETE
KOON, PERRY F. JR.
624 SW 7 AVENUE
WILLISTON FL
2. ☒ DELETE
KOON, PERRY F. SR.
350 SW 7 AVENUE
WILLISTON FL
3. ☐ DELETE
KOON, JETTIE R.
350 SW 7 AVENUE
WILLISTON FL
4. ☐ DELETE
BUCHYN, HARRIETT K.
32 NW 2ND ST.
WILLISTON FL
5. ☐ DELETE
BEWLEY, KATHLEEN
450 SW 7TH AVE.
WILLISTON FL
6. ☐ DELETE
Beverly Koon
624 SW 7th Ave.
Williston, FL 32696

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Sec-Treas & Director**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Chairman & Director**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **VP & Director**
4.3 STREET ADDRESS **350 S.W. 7th Ave**
4.4 CITY-ST-ZIP **Williston, FL 32696**
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **VP & Director**
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Perry F. Koon, Sr* **7-10-96** **904-528-4965**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (3/96)