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

1997 [redacted]

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

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # K65165 (8)

1. Corporation Name
SUSAN POWERS TAX SERVICE, INC.

[redacted]

Principal Place of Business
631 N TAMIAMI TR
NOKOMIS FL 34275
US

Mailing Address
631 N TAMIAMI TR
NOKOMIS FL 34275
US

2. Principal Place of Business
21
Street Apt # etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street Apt # etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified 02/13/1989
3a. Date of Last Report 05/01/1995/95
4. FEI Number 65-0126983 Applied / Not Applied
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fee
8. This corporation has liability for intangible tax under s. 199 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
POWERS, GLORIA SUSAN
2205 LAKEWOOD DR
NOKOMIS FL 34275

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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 of a Director, Trustee, Officer or General Partner PRINT Name of Signer DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN
10 TITLE	DPS ☐ DELETE	11 TITLE ☐ Change ☐
11 NAME	POWERS, GLORIA SUSAN	12 NAME
12 STREET ADDRESS	2205 LAKEWOOD DRIVE	13 STREET ADDRESS
13 CITY, ST, ZIP	NOKOMIS FL	14 CITY, ST, ZIP
20 TITLE	DV ☐ DELETE	21 TITLE ☐ Change ☐
21 NAME	POWERS, J. MARC	22 NAME
22 STREET ADDRESS	2205 LAKEWOOD DRIVE	23 STREET ADDRESS
23 CITY, ST, ZIP	NOKOMIS FL	24 CITY, ST, ZIP
30 TITLE	DV ☐ DELETE	31 TITLE ☐ Change ☐
31 NAME	POWERS, HAROLD J	32 NAME
32 STREET ADDRESS	1360 FAWNWOOD CIR	33 STREET ADDRESS
33 CITY, ST, ZIP	SARASOTA FL	34 CITY, ST, ZIP
40 TITLE	☐ DELETE	41 TITLE ☐ Change ☐
41 NAME		42 NAME
42 STREET ADDRESS		43 STREET ADDRESS
43 CITY, ST, ZIP		44 CITY, ST, ZIP
50 TITLE	☐ DELETE	51 TITLE ☐ Change ☐
51 NAME		52 NAME
52 STREET ADDRESS		53 STREET ADDRESS
53 CITY, ST, ZIP		54 CITY, ST, ZIP
60 TITLE	☐ DELETE	61 TITLE ☐ Change ☐
61 NAME		62 NAME
62 STREET ADDRESS		63 STREET ADDRESS
63 CITY, ST, ZIP		64 CITY, ST, ZIP

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***165.00
5/12/97

14. I 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)(i), 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 a title.

SIGNATURE: Gloria Susan Powers, Pres 5/7/97 (941) 484-7234
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNER OF OFFICER OR DIRECTOR