

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY -3 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K65165

1. Corporation Name

SUSAN POWERS TAX SERVICE, INC. True Vine Enterprises, Inc.

Principal Place of Business

691-N TAMiami TR
NOKOMIS FL 34275
US

Mailing Address

691-N TAMiami TR
NOKOMIS FL 34275
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1989

4. FEI Number

65-0126983

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 2205 Lakewood Dr

2a. Mailing Address

26 2205 Lakewood Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Nokomis, FL

City & State

28 Nokomis, FL

Zip

24 34275

Country

25 Sarasota

Zip

29 34275

Country

30 Sarasota

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 607.1508, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DPS
POWERS, GLORIA SUSAN
STREET ADDRESS
2205 LAKEWOOD DRIVE
CITY-ST-ZIP
NOKOMIS FL

TITLE ☐ DELETE

NAME
DV
POWERS, J. MARC
STREET ADDRESS
2205 LAKEWOOD DRIVE
CITY-ST-ZIP
NOKOMIS FL

TITLE ☒ DELETE

NAME
DV
POWERS, HAROLD J
STREET ADDRESS
1360 FAWNWOOD CIR
CITY-ST-ZIP
SARASOTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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****158.75 ****158.75

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14. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.

SIGNATURE

Gloria Susan Powers

4/30/00 (941) 966-2345