

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
LAWRENCE B. MONTGOMERY
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
FILED

DOCUMENT # P94000083619 (4)

TAXSERV, INC.

APR 11 1995

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office or Place of Business 4600 W CYPRESS ST SUITE 560 TAMPA FL 33607		2a. Mailing Address 4600 W CYPRESS ST SUITE 560 TAMPA FL 33607		3. Date Incorporated or Qualified 11/14/1994		3a. Date of Last Report	
2. Principal Office or Place of Business 21		2a. Mailing Address 26		4. FID Number 59-3277924		Applied for Not Applicable	
22		27		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24		29		8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes. ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent HOHIMER, JAY 4600 W CYPRESS ST SUITE 560 TAMPA FL 33607				10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Applicable) 83. 84. City FL 85. Zip Code			
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11. Pursuant to the provisions of Sections 193.031, 193.032, and 193.033, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 understand the obligations of a registered agent under Florida Statutes.

SIGNATURE: *James E. Hohimer* JAMES E. HOHIMER DIRECTOR 4-19-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D DOGAN, M. KEVIN 11611 USEPPA COURT NAPLES, FL 33942	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	D HOHIMER, JAMES E. 7610 WINGING WAY DR TAMPA, FL 33615	2. NAME	☐ Change ☐ Addition
CITY	D CARNEY, JOSEPH L. 242 DEER RUN MEDIA, PA	3. NAME	☐ Change ☐ Addition
STATE		4. NAME	☐ Change ☐ Addition
ZIP CODE		5. NAME	☐ Change ☐ Addition
		6. NAME	☐ Change ☐ Addition
		7. NAME	☐ Change ☐ Addition
		8. NAME	☐ Change ☐ Addition
		9. NAME	☐ Change ☐ Addition
		10. NAME	☐ Change ☐ Addition
		11. NAME	☐ Change ☐ Addition
		12. NAME	☐ Change ☐ Addition
		13. NAME	☐ Change ☐ Addition
		14. NAME	☐ Change ☐ Addition
		15. NAME	☐ Change ☐ Addition
		16. NAME	☐ Change ☐ Addition
		17. NAME	☐ Change ☐ Addition
		18. NAME	☐ Change ☐ Addition
		19. NAME	☐ Change ☐ Addition
		20. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 193.031, 193.032, and 193.033, Florida Statutes. I further certify that the information supplied on this statement is true and accurate and that my corporation shall have the same legal effect as if it were a corporation with the same officers and directors as the corporation on the return on which this report is prepared. I am duly qualified to sign this report as required by Chapter 193, Florida Statutes, and that my name appears on the return on which this report is prepared and is duly qualified to sign this report.

SIGNATURE: *James E. Hohimer* JAMES E. HOHIMER DIR. 4-19-95 813 287 0415