

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 # 351116 (9)

1. Corporation Name

TAX-DOLLARS, INC.



Principal Place of Business

6845 PEMBROKE RD.
HOLLYWOOD FL 33023

Mailing Address

6845 PEMBROKE RD.
HOLLYWOOD FL 33023

3. Date Incorporated or Qualified

08/21/1969

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 2400 CHELSEA STREET

26 2400 CHELSEA STREET

4. FET Number

59-1317268

Applied For

Not Applicable

22 Suite, Apt. #, etc.
40 LACY PRATT

27 Suite, Apt. #, etc.
40 LACY PRATT

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State
ORLANDO FL

28 City & State
ORLANDO FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip Country
32803-2124 U.S.A

29 Zip Country
32803-2124 U.S.A

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRATT, LACY
6845 PEMBROKE RD.
HOLLYWOOD FL 33023

81 Name

LACY PRATT

82 Street Address (P.O. Box Number is Not Acceptable)

2400 CHELSEA STREET

83

84 City

ORLANDO

FL

85 Zip Code

32803-2124

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

LACY PRATT

Signature typed or printed name of registered agent and if not applicable

Lacy Pratt

Signature typed or printed name of registered agent and if not applicable

4/14/96

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DP	PRATT, LACY	6845 PEMBROKE RD	HOLLYWOOD, FL 33023	<input type="checkbox"/>
DP	PRATT, KEVIN	6845 PEMBROKE ROAD	HOLLYWOOD, FL 33023	<input type="checkbox"/>
STD	PRATT, KAREN	6845 PEMBROKE ROAD	HOLLYWOOD, FL 33023	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DP	PRATT, LACY	2400 CHELSEA STREET	ORLANDO FL 32803-2124	<input type="checkbox"/>
DP	PRATT, KEVIN	10623 SOUTH STREET	GARRETTVILLE, OHIO 44231-1108	<input type="checkbox"/>
STD	PRATT, KAREN	2400 CHELSEA STREET	ORLANDO FL 32803-2124	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

Lacy Pratt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

4-16-96

Date

(407) 898-2000

Telephone

CR2E034 (12/95)