FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

[illegible] 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **634158** **(O)**

1. Corporation Name

JAX TAX, INC.

Principal Place of Business	Mailing Address
14902 OLDGATE PLACE **TAMPA FL 33624** **US**	**14902 OLDGATE PLACE** **TAMPA FL 33624** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/29/1979**

3a. Date of Last Report: **06/10/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: **NOT APPLICABLE** 59-1942249 ☐ 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. The corporation has been, is eligible, be under s. 105.071 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ORLOFF, MYRNA R.
14902 OLDGATE PLACE
TAMPA FL 33624

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 Section 607.1202 and/or 1908, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17	
15 Title 16 Name 17 Street Address 18 City-St-Zip	PD ORLOFF, MYRNA R. 14902 OLDGATE PLACE TAMPA, FL 00000	35 Title 36 Name 37 Street Address 38 City-St-Zip	VD ☒ Change ☐ Addition
19 Title 20 Name 21 Street Address 22 City-St-Zip	V ORLOFF, MARK S. 14902 OLDGATE PLACE TAMPA FL	39 Title 40 Name 41 Street Address 42 City-St-Zip	PD ☒ Change ☐ Addition
23 Title 24 Name 25 Street Address 26 City-St-Zip		43 Title 44 Name 45 Street Address 46 City-St-Zip	☐ Change ☐ Addition
27 Title 28 Name 29 Street Address 30 City-St-Zip		47 Title 48 Name 49 Street Address 50 City-St-Zip	☐ Change ☐ Addition
31 Title 32 Name 33 Street Address 34 City-St-Zip		51 Title 52 Name 53 Street Address 54 City-St-Zip	☐ Change ☐ Addition
55 Title 56 Name 57 Street Address 58 City-St-Zip		59 Title 60 Name 61 Street Address 62 City-St-Zip	☐ Change ☐ Addition

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)(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.

SIGNATURE: [signature] Mark S. Orloff 5/9/95 813-885-0146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0900081 CP