

**ANNUAL REPORT
1995**

Florida Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G06439 (5)

1. Corporation Name

INVESTMENT & TAX STRATEGIES INC.

95 MAY -1 AM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1401 KIMDALE ST
P.O. BOX 698
LEHIGH ACRES FL 33936
US

POST OFFICE BOX 698
1401 KIMDALE ST
LEHIGH ACRES FL 33936
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/29/1982

3a. Date of Last Report
07/06/1994

4. FEI Number
59-2232237

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 liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Post Office Box 698

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, FRED J.
1401 KIMDALE ST
LEHIGH ACRES FL 33936**

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 then if applicable)

(NOTE: Registered Agent signature required when maintaining)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **ANDERSON, FRED J**
STREET ADDRESS **1401 KIMDALE ST**
CITY ST ZIP **LEHIGH, FL 00000**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

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TITLE
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CITY ST ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(b), 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 AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Fred J. Anderson

4/28/95

813-368-1551