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

95 APR 14 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G30852** **(9)**

1. Corporation Name
TAX PLUS SOLUTIONS, INC.

Principal Place of Business	Mailing Address
% JOHN R. MUENCHEN 903 PERRY ST LAKE CITY FL 32055-6151	% JOHN R. MUENCHEN 903 PERRY ST LAKE CITY FL 32055-6151

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/01/1993
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 Route 13, Box 1054	26 Route 13, Box 1054
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Lake City FL	28 City & State: Lake City FL
24 Zip: 32055 25 County: Columbia	29 Zip: 32055 30 County: Columbia

4. FEI Number: 59-2267608 ☐ 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

7. 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
MUENCHEN, JOHN R. 903 PERRY ST LAKE CITY FL	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: John R Muenchen 4/8/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	MUENCHEN, JOHN R	12 NAME	MUENCHEN, JOHN R	
STREET ADDRESS	3 OSCEOLA CIR	13 STREET ADDRESS	903 PERRY STREET	
CITY ST ZIP	LAKE CITY, FL 00000	14 CITY ST ZIP	LAKE CITY FL 32055	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	BRINK, DEBORAH	22 NAME	BRINK, DEBORAH	
STREET ADDRESS	ROUTE 10, BOX 988	23 STREET ADDRESS	20 BISCAYNE BLVD	
CITY ST ZIP	LAKE CITY FL	24 CITY ST ZIP	LAKE CITY FL 32055	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: John R Muenchen 4/8/95 904-755-0877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code) Telephone #

0008873 CP