

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G73587

1. Corporation Name

BIG PINE TAX SERVICE INC.

5146 B-6099 - C
(9)



Principal Place of Business

% VEETTA J BALDWIN
AVE B
BIG PINE KEY FL 33043
US

Mailing Address

% VEETTA J BALDWIN
RT 1 BOX 560
BIG PINE KEY FL 33043

3. Date Incorporated or Qualified
12/07/1983

3a. Date of Last Report
04/28/1995

4. FEI Number
59-2369761

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contributor ☐ \$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. 14 PALMETTO AVE

Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. 569 ALMOND LANE

Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

BALDWIN, VEETTA J
RT.1, BOX 560
BIG PINE KEY FL 33043

81. Name

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

83. 569 ALMOND LANE

84. City

FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 that applicable

Signature typed or printed name of corporation officer or director

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
BALDWIN, VEETTA J
RT 1 BOX 560
BIG PINE KEY, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY- ST- ZIP
569 ALMOND LANE

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY- ST- ZIP

☐ Change ☐ Addition

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY- ST- ZIP

☐ Change ☐ Addition

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY- ST- ZIP

☐ Change ☐ Addition

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY- ST- ZIP

☐ Change ☐ Addition

61. TITLE
62. NAME
63. STREET ADDRESS
64. 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)(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:

Veetta Baldwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VEETTA BALDWIN

4-22-96

Date

872 3096

Daytime Phone #

CR2E034 (12/95)