FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

BIG PINE TAX SERVICE INC.

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

FILED Apr 23 1998 8:00am Secretary of State

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Change

Addition

■ Addition

	·							
Principal Place of Business Mailing Address								*
14 PALMETTO AVE		569 Almond Lane -RT 1-DOX 580 BIG PINE KEY FL 33043						
BIG PINE KEY FL 33043				DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualified			
	and the same in the same of th	The first and resident of the con-			12/07/1983		T	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			plied f or
Suite, Apt #, etc			Stille, Apt #, etc.		59-2369761 Not Applicate \$8.75 Additional			t Applicable
22		27]		5. Certificate of Status Desired	<u> </u>	Fee Re	quired	
City & State		City & State 28 B16-PINE	BIL-PINE KEY FL		Election Campaign Financing Trust Fund Contribution		55.00 Added t	May Be o Fees
Zip	Country	Zip	Country	,	8. This corporation owes or has p			
24	[25]	1551	10 /K	ONFOE	Personal Property Tax due Jun] No
	9. Name and Address of Current	Registered Agent		Name	10. Name and Address of New R	egistered Ager	it	
BALDWIN, VEETTA J				Name				
589 ALMOND LANE BIG PINE KEY FL 33043			82	Street Addre	ss (P.O. Box Number is Not Accepta	able)		
DIG FINE NET FL 33043			83					
			84	City		FL 85	Zip (Code
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State on a familiar with, and accept the obliga	of Florida. Such change was au	thorized by	the corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose of chalept the appointed	nging it: nent as	s registered registered
SIGNATURE	Stiputare (Goethe problemasse of register) (agen	turof te e it nophicable (NOTE	Registered Age	ent signature require	d when twinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI			
TITLE	DP	☐ DELETE	1.1 TOLE	1			Change	Addition
NAME			1 2 NAME					
STREET ADDRESS 569 ALMOND LANE			13 STREET ADDRESS					
CITY-ST-ZIP	initialities de la composition de la compositio		1.4 CITY - ST - ZIP				Ob	
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CITY-ST 28			34 City-	Ì				
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STREET ADDRESS			43518[1	ADDRESS				1

4. Thereby certify that the information supplied with this filing 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 direction of 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.

5.1 THLE

5.2 NAME

61 THLE

6.2 NAME

5 3 STREET ADDRESS

6 3 STREET ADDRESS

5 4 CITY - ST - 7IP

DETELE

DELETE

SIGNATURE

TITLE NAME

TILLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - 7H

4-16-98