

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H30467** (5)
1. Corporation Name
TAXMASTERS, INC.



Principal Place of Business

**670 SE MONTEREY RD
STUART FL 34994-4410**

Mailing Address

**670 SE MONTEREY RD
STUART FL 34994-4410**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**CUNNINGHAM, DANIEL V.
14 ARBORVITAE
JENSEN BCH FL 34957**

3. Date Incorporated or Qualified

11/19/1984

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2465286

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

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 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 of Representative of Corporation (Type the Name of Agent)

Signature of Registered Agent (Type the Name of Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
DP	BOWKER, ROBERTA JO	2108 SE HARLOW STREET	PORT ST. LUCIE FL	☐
DV	CUNNINGHAM, DANIEL V.	14 ARBORVITAE	JENSEN BCH. FL	☐
SDT	BOWKER, ROBERTA JO	2108 SE HARLOW ST	PORT ST. LUCIE FL	☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	15 NAME	16 STREET ADDRESS	17 CITY-ST-ZIP	18 ☐ Change ☐ Addition
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	☐ Change ☐ Addition
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:

Roberta J. Bowker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-96

286-9040

DATE

Telephone Number

CR2E034 (12/95)