

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H86067** (6)

1. Corporation Name
THE IRS CORPORATION



Principal Place of Business

**3800 FOWLER STREET
SUITE 12
FORT MYERS FL 33901**

Mailing Address

**3800 FOWLER STREET
SUITE 12
FORT MYERS FL 33901**

3. Date Incorporated or Qualified
11/15/1985

3a. Date of Last Report
01/19/1995

4. FEI Number

59-2607898

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLAIR, HARRY A
2138-40 HOOPLE STREET
FORT MYERS FL 33901**

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 Registered Agent or Registered Agent and the corporation

(N/A) Registered Agent Signature required when changing

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME
**PD
MEEKS, CARL WILLIAM
1252 CARLENE AVENUE
FT. MYERS FL**

1.2 TITLE ☐ DELETE

NAME
**VPS
MEEKS, PATRICIA
1252 CARLENE AVE.
FT. MYERS FL**

1.3 TITLE ☐ DELETE

1.4 TITLE ☐ DELETE

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96 944-277-1141

CR2E034 (12/95)