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95 MAY -1 AM 9:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J36209 (1)

**1. Corporation Name
M.B. "BILL" JONES TAX SERVICE, INC.**

Principal Place of Business Mailing Address
C/O J.A. HOMYAK
732 WEST GARDEN STREET
PENSACOLA FL 32501

3. Date Incorporated or Qualified 10/03/1986	3a. Date of Last Report 04/19/1994
4. FEI Number 59-2723345	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
HOMYAK, JAMES A.
732 WEST GARDEN STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name	PATSY F. BROWN
82 Street Address (P.O. Box Number is Not Acceptable)	732 WEST GARDEN ST
83	
84 City	PENSACOLA
85 State	FL
86 Zip Code	32501

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 _____ (NOTE: Registered Agent signature required when registering) **DATE** _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOMYAK, JAMES A.
STREET ADDRESS	732 WEST GARDEN STREET
CITY - ST - ZIP	PENSACOLA FL
TITLE	DST
NAME	BROWN, PATSY F.
STREET ADDRESS	2332 BAYSHORE ROAD
CITY - ST - ZIP	GULF BREEZE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BROWN, PATSY F.	
1.3 STREET ADDRESS	732 WEST GARDEN STREET	
1.4 CITY - ST - ZIP	PENSACOLA, FL 32501	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(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 unchanged, or on an attachment with an address.

SIGNATURE: *Patsy F. Brown*
PATSY F. BROWN, PRESIDENT

**4/28/95 (904)
434-2531**