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 # **K08813** **(3)**

1. Corporation Name

PHELPS TAX & FINANCIAL SERVICE INC

Principal Place of Business

% RANDOLPH B. PHELPS
1545 BLANDING BLVD
JACKSONVILLE FL 32210

Mailing Address

% RANDOLPH B. PHELPS
1545 BLANDING BLVD
JACKSONVILLE FL 32210

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 County 30

3. Date Incorporated or Qualified: **12/22/1987**

3a. Date of Last Report: **04/27/1995**

4. FEI Number: **59-2864657** 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

9. Name and Address of Current Registered Agent

PHELPS, RANDOLPH B.
1545 BLANDING BLVD
JACKSONVILLE FL 32210

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 607.0127 and 607.1608, 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. Its previous registered office is located at the corporation's current principal place of business. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	PHELPS, RANDOLPH B.	
STREET ADDRESS	13167 RIVERGATE TRAIL E.	
CITY, ST, ZIP	JACKSONVILLE FL	
TITLE	ST	☐ DELETE
NAME	PHELPS, BETTY P.	
STREET ADDRESS	13167 RIVERGATE TRAIL E	
CITY, ST, ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report or supplemental 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 is entered in Block 13 with an address.

SIGNATURE: Betty P. Phelps Betty P. Phelps 3-28-96 904-389-8001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE NUMBER

CR2E034 (12/95)