

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$175)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K29374** (1)

1. Corporation Name

M. S. BOOKKEEPING & TAX SERVICE, INC.

Principal Place of Business

**1674 YOUNG AVE
CLEARWATER FL 34616**

Mailing Address

**1674 YOUNG AVE
CLEARWATER FL 34616**

FILED

95 AUG -3 AM 9:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/14/1988

3a. Date of Last Report

08/01/1994

4. FEI Number

59-2898068

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**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**SNYDER, MARY
1674 YOUNG AVE
CLEARWATER FL 34616**

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, typed or printed name of registered agent and the filer (application)

(NOTE: Registered Agent signature required when restate.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SNYDER, MARY
STREET ADDRESS 8948 85TH ST N.
CITY - ST - ZIP SEMINOLE FL

TITLE ST
NAME WILLS, KITTY
STREET ADDRESS 1674 YOUNG AVE
CITY - ST - ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 **TITLE**
2 **NAME**
3 **STREET ADDRESS**
4 **CITY - ST - ZIP**

2 **TITLE**
2 **NAME**
3 **STREET ADDRESS**
4 **CITY - ST - ZIP**

3 **TITLE**
3 **NAME**
3 **STREET ADDRESS**
4 **CITY - ST - ZIP**

4 **TITLE**
4 **NAME**
4 **STREET ADDRESS**
4 **CITY - ST - ZIP**

5 **TITLE**
5 **NAME**
5 **STREET ADDRESS**
5 **CITY - ST - ZIP**

6 **TITLE**
6 **NAME**
6 **STREET ADDRESS**
6 **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 119.07(3)(d), 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:

Kitty E. Wills KITTY E. WILLS

7-31-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Filer #)