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 # L 41480

1. Corporation Name
ALEXANDER BOOKKEEPING & TAX SERVICE, INC

Principal Place of Business
8733 ORANGE BLOSSOM DR
SEMINOLE, FL 34642

Mailing Address
P.O. Box 7450
SEMINOLE, FL
34645-7450

3. Date Incorporated or Qualified: JANUARY 5, 1990
3a. Date of Last Report: 1995

2. Principal Place of Business
21 1114 GERSHWIN DRIVE
22 Suite, Apt. #, etc.
23 City & State: LARGO, FL
24 Zip: 34641 25 Country: PINELLAS

2a. Mailing Address
26 P.O. BOX 7450
27 Suite, Apt. #, etc.
28 City & State: SEMINOLE, FL
29 Zip: 34646-7450 30 Country: PINELLAS

4. FEI Number: 59-2987355 ☐ 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

CHLOE ANN ALEXANDER
8733 ORANGE BLOSSOM DR
SEMINOLE, FL 34642

10. Name and Address of New Registered Agent

81 Name: CHLOE ANN ALEXANDER-KOBKE
82 Street Address (P.O. Box Number is Not Acceptable): 1114 GERSHWIN DRIVE
83
84 City: LARGO FL 85 Zip Code: 34641

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: Chloe Ann Alexander-Kobke — 4/23/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CHLOE ANN ALEXANDER 8733 ORANGE BLOSSOM DRIVE SEMINOLE, FL 34642	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	✓ PRESIDENT CHLOE ANN ALEXANDER-KOBKE 1114 GERSHWIN DRIVE LARGO, FL 34641	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	800001801008 -04/30/96--01052--009	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition 4.30

CR2E034 (12/95)

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: CHLOE ANN ALEXANDER; KOBKE
Chloe Ann Alexander-Kobke — 4/23/96 — 813-538-9939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #