FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **L41480** **(9)**

1. Corporation Name
ALEXANDER BOOKKEEPING & TAX SERVICE, INC.

Principal Place of Business	Mailing Address
1114 GERSHWIN DR. LARGO FL 33771 US	PO BOX 7450 SEMINOLE FL 34645-7450

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1990

2. Principal Place of Business	2a. Mailing Address
21 3534 BLUEBIRD DR.	26 3534 BLUEBIRD DR.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: NEW PORT RICHEY	28 City & State: NEW PORT RICHEY
24 Zip: 34652 25 Country: PASCO	29 Zip: 34652 30 Country: PASCO

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHLOE ANN ALEXANDER-KOBKE 1114 GERSHWIN DR. LARGO FL 34641	81 Name: CHLOE ANN ALEXANDER 82 Street Address (P.O. Box Number is Not Acceptable): 3534 BLUEBIRD DRIVE 83 84 City: NEW PORT RICHEY FL 85 Zip Code: 34652

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 — 3/22/98
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	VP CHOLE ANN ALEXANDER-KOBKE 1114 GERSHWIN DR. LARGO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT CHLOE ANN ALEXANDER 3534 BLUE BIRD DRIVE NEW PORT RICHEY, FL 34652	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILLIAM J KOBKKE 1114 GERSWIN DR LARGO FL	☒ 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		☐ 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		☐ 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

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 — 3/22/98 — 813-842-1662