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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M83222

1. Corporation Name

NAME

STREET ADDRESS

CITY-ST-ZIP

TAMPA TAX SERVICE INC.

Mailing Address Principal Flace of Business % WILLIAM C. HANCOCK % WILLIAM C. HANCOCK 10010 NEBFIASKA AVE. 10010 NEBRASKA AVE. DO NOT WRITE IN THIS SPACE **TAMPA FL 33612 TAMPA FL 33612** 3. Date Incorporated or Qualifed 05/31/1988 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-2891690 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired  $\Box$ Fee Required 27 22 City & 5 tate City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ Added to Fees 28 Trust Fund Contribution 23 Country Zip Country Zip This corporation owes the current year Intangible  $\neg$ No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Adcress of Current Registered Agent 81 HANCOCK, WILLIAM C. Street Address (P.O. Bo) Number is Not Acceptable) 82 10010 NEBRASKA AVE. **TAMPA FL 33612** 83 City Zip Code F 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 (NOT E. Registered Agent signature required when reinstating) Signature, typed or printed naine of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition ☐ DELETE 11 TITLE TITLE HANCOCK, WILLIAM C. 1.2 NAME NAME 10010 NEBRASKA AVE. 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-\$T-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change DELETE 6.1 TITLE ☐ Addition TITLE

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 or riffy that the information indicated on this annual report or supplemental a nual 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-7IP

SIGNATURE: Milliame Hance William C. Hirrock: 4/3/99 (\$13)971-0050

CR2E034 (11/98)