

FILED
NeJun 10 1997 8:00am
Secretary of State

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P9200000 (9) 3496

1. Corporation Name

Tax Maintenance Management

Principal Place of Business

Tax Maintenance Mgmt.
1930 SAN MARCO BLVD
JACKSONVILLE FL 32207

Mailing Address

1930 SAN MARCO BLVD
JACKSONVILLE FL 32207-3256

3. Date Incorporated or Qualified	3a. Date of Last Report
	04/17/1996
4. FEI Number	Applied For
59-3156954	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

2. Principal Place of Business	2a. Mailing Address
23. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
24. City & State	27. City & State
25. Zip	28. Zip
Country	Country
29. Zip	30. Zip

9. Name and Address of Current Registered Agent

Danny GRIFFIN
1930 San Marco Blvd
Jacksonville FL 32207

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
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 title if applicable (Required if Registered Agent signature required when remaining) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	2. ADDRESS	1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
1.5 CITY-STATE-ZIP		2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP

4. I do hereby certify that the information supplied is true. This filing does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information is true and correct 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 address.

SIGNATURE: [Signature]