

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P92000004263 (9)

1. Corporation Name

BEST BOOKKEEPING AND TAX SERVICE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
2918 SOUTHWEST 11TH PLACE CAPE CORAL FL 33914		2918 SOUTHWEST 11TH PLACE CAPE CORAL FL 33914	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
30	Country	31	Zip
3. Date Incorporated or Qualified		3a. Date of Last Report	
11/09/1992		04/29/1994	
4. FEI Number		Applied For	
65-0381997		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Election Campaign Financing		\$5.00 May Be Added to Fees	
Trust Fund Contribution		Yes No	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

VOSS, JAMES
2918 SOUTHWEST 11TH PLACE
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	VOSS, JAMES	1.2 NAME	
STREET ADDRESS	2918 S.W. 11TH PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL 33914	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	VOSS, PEGGY	2.2 NAME	
STREET ADDRESS	2918 SW 11TH PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(k), Florida Statutes. I further certify that the information included 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:

James Voss Pres
JAMES VOSS

3-10-95

8134666200

Date

Daytime / Phone #