

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

FILED

May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000004263

1. Corporation Name

Best Bookkeeping + Tax Service Inc

Principal Place of Business

Mailing Address

16450 San Carlos Blvd #3
Ft. Myers FL 33908-3271

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11-9-92

2. Principal Place of Business

2a. Mailing Address

21 16450 San Carlos Blvd

26

4. FEI Number

05-0381997

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22 #3

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Ft. Myers FL

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33908

25

Lee

29

30

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

James Voss
16450 San Carlos Blvd #3
Ft Myers FL 33908

81

Name James Voss

82

Street Address (P.O. Box Number is Not Acceptable)
16450 San Carlos Blvd #3

83

84

City Ft Myers

FL

85

Zip Code 33908

16. 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's signature required when reinstating)

4-24-98

DATE

12. OFFICERS AND DIRECTORS

TITLE	James Voss Pres	<input type="checkbox"/> DELETE
NAME	16450 San Carlos Blvd #3	
STREET ADDRESS	Ft Myers FL 33908	
CITY - ST - ZIP		

TITLE	Peggy Hill Voss - VP	<input type="checkbox"/> DELETE
NAME	16450 San Carlos Blvd #3	
STREET ADDRESS	Ft. Myers FL 33908	
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	James Voss Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	16450 San Carlos Blvd #3	
13 STREET ADDRESS	Ft. Myers FL 33908	
14 CITY - ST - ZIP		

21 TITLE	Peggy Hill Voss - VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	16450 San Carlos Blvd #3	
23 STREET ADDRESS	Ft Myers FL 33908	
24 CITY - ST - ZIP		

31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		

41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		

51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		

61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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, on an attachment with an address.

SIGNATURE:

Signature: typed or printed name of signing officer or director

James Voss Pres 4/24/98

941-466-6200

Date

Director's Name

CR2E034 (10/97)