FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED-
AND
FILED

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000062803 (0)**

1. Current Name of Corporation
TAX FAX SERVICES, INC.

Principal Place of Business
10901 N. NEWPORT AVENUE
TAMPA FL 33612-5129

Mailing Address
10901 N. NEWPORT AVENUE
TAMPA FL 33612-5129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/09/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **59-3207965** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PIPPIN, MICHELE M
10901 N. NEWPORT AVENUE
TAMPA FL 33612-5129

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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: Michele M Pippin — Michele M Pippin — 5-2-95
(Signature of New Registered Agent, if changing) (Typed or printed name of New Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 Title	D	41 Title	☐ Change ☐ Addition
32 Name	PIPPIN, MICHELE M	42 Name	
33 Street Address	10901 N. NEWPORT AVE.	43 Street Address	
34 City, St, Zip	TAMPA FL 33612-5129	44 City, St, Zip	
35 Title	D	45 Title	☐ Change ☐ Addition
36 Name	CARAWAY, MARIE R	46 Name	
37 Street Address	10901 N. NEWPORT AVE.	47 Street Address	
38 City, St, Zip	TAMPA FL 33612-5129	48 City, St, Zip	
39 Title		49 Title	☐ Change ☐ Addition
40 Name		50 Name	
41 Street Address		51 Street Address	
42 City, St, Zip		52 City, St, Zip	
43 Title		53 Title	☐ Change ☐ Addition
44 Name		54 Name	
45 Street Address		55 Street Address	
46 City, St, Zip		56 City, St, Zip	
47 Title		57 Title	☐ Change ☐ Addition
48 Name		58 Name	
49 Street Address		59 Street Address	
50 City, St, Zip		60 City, St, Zip	
51 Title		61 Title	☐ Change ☐ Addition
52 Name		62 Name	
53 Street Address		63 Street Address	
54 City, St, Zip		64 City, St, Zip	

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and 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: Michele M Pippin — Michele M Pippin — President — 5/2/95 — 813-935-3776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — (Area Code & Daytime Phone Number)

0298434 CP