

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Shirley B. Mangum

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000017943 (9)

1. Corporation Name

UNCLE SAM QUICK TAX, INC.

3-29-96 B-2880-C



Principal Place of Business

6404 MANATEE AVE W SUITE L
BRADENTON FL 34209

Mailing Address

6404 MANATEE AVE W SUITE L
BRADENTON FL 34209

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BROOKS, CHESTER R
6404 MANATEE AVE W SUITE L
BRADENTON FL 34209

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 607.0502 and 607.1502, Florida Statutes, the above named corporation certifies the 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed in plain text and signed by the registered agent or the corporation's board of directors.

Date

12. OFFICERS AND DIRECTORS

TITLE	VP	[] DELETE
NAME	BROOKS, CHESTER R.	
STREET ADDRESS	6404 WEST MANATEE AVENUE	
CITY-STATE-ZIP	BRADENTON FL	
TITLE	VP	[] DELETE
NAME	BRAXTON, BENJAMIN D.	
STREET ADDRESS	6404 WEST MANATEE AVE	
CITY-STATE-ZIP	BRADENTON FL	
TITLE	P	[] DELETE
NAME	HOLWAY, FLOYD J.	
STREET ADDRESS	6404 WEST MANATEE AVE	
CITY-STATE-ZIP	BRADENTON FL	
TITLE	ST	[] DELETE
NAME	PARKER, JEROME C.	
STREET ADDRESS	6404 WEST MANATEE AVE	
CITY-STATE-ZIP	BRADENTON FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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 119.03(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplement or 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 record or business person 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 941-794-SLW

CR2E034 (12/95)