

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000073621 (2)**

1. Corporation Name
C & G TAX SERVICE, INC.



Principal Place of Business: **4135 US HWY 98 NORTH LAKELAND FL 33809 US**
Mailing Address: **130 LEITHA WAY LAKELAND FL 33809**

3. Date Incorporated or Qualified: **10/07/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **12830 US 301**
2a. Mailing Address

4. FEI Number: **59-3273038**
Applied For: Not Applicable

21. Suite, Apt. #, etc.: **DADE CITY, FL.**
26. Suite, Apt. #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

22. City & State: **DADE CITY, FL.**
27. City & State

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

23. Zip: **33525** Country: **US**
28. Zip: Country

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24. Zip: **33525** Country: **US**
29. Zip: Country

9. Name and Address of Current Registered Agent
**BERRY, JUANITA G
130 LEITHA WAY
LAKELAND FL 33809**

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 607.0502 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERRY, JUANITA G	
STREET ADDRESS	130 LEITHA WAY	
CITY - ST - ZIP	LAKELAND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BERRY, CHARLES C	
STREET ADDRESS	127 HOMEWOOD DRIVE	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SMITH, GAIL I	
STREET ADDRESS	3868 GOLF VILLAGE LOOP #5	
CITY - ST - ZIP	LAKELAND FL	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	33809
21. TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	VICE PRESIDENT/DIRECTOR
23. STREET ADDRESS	
24. CITY - ST - ZIP	33880
31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	6125 NORTH FORK CT.
34. CITY - ST - ZIP	LAKELAND, FL. 33809
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 do 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)(k), 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: *Juanita G. Berry* **JUANITA G. BERRY 4-20-96** **941-858-4152**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #

CR2E034 (12/95)