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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000000891**

1. Corporation Name
STEVENS TAX SERVICE, INC.

Principal Place of Business	Mailing Address
2502 LARKSPUR DRIVE PUNTA GORDA FL 33950	2502 LARKSPUR DRIVE PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/01/1995

2. Principal Place of Business	2a. Mailing Address
21 2805 TAMIAMI TRAIL	26 2805 TAMIAMI TRAIL
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PUNTA GORDA, FL	City & State 28 PUNTA GORDA, FL
Zip / Country 24 33950 25 USA	Zip / Country 29 33950 30 USA

4. FEI Number: 65-0548143 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STEVENS, JAMES E
2502 LARKSPUR DRIVE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name: LESLIE L TOTTEN
82 Street Address (P.O. Box Number is Not Acceptable)
83: 571 TOULOUSE DRIVE
84 City: PUNTA GORDA FL 85 Zip Code: 33950

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: Leslie L. Totten — LESLIE L. TOTTEN — 1-26-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD STEVENS, JAMES E 2502 LARKSPUR DRIVE PUNTA GORDA FL 33950	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PSD LESLIE L. TOTTEN 571 TOULOUSE DRIVE PUNTA GORDA, FL 33950	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEVENS, EDWARD R. 607 VIA TRIPOLI, SUITE 3 PUNTA GORDA FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VTD KAREN S. TOTTEN 571 TOULOUSE DRIVE PUNTA GORDA, FL 33950	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leslie L. Totten — LESLIE L. TOTTEN — 1-26-99 — 941-639-0680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #