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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90250 049 \*\*\*150.00

| 1. Corporation         | NENI # P96000   | 000454  |   |   |   |            |  |
|------------------------|---|---|---|---|---|------------|--|
| TAXCO,                 | INC.  |   |   | 1 (BB11188) 118 (B1118 B1111 B1111) \$51(1) 1 | adin doni soni Osni dibdi dini dib) (8    | <b>i</b> n |  |
|                        |   |   |   |   |   |            |  |
| Principal Place        | e of Business   | Mailing Address   |   | 1 13511631 110 18116 61111 88111 88111 4      | TAILS COLL CAST ADVE DIBLE DIVE GIRE . DA | ,,         |  |
| 5166 NORWOOL           | D AVENUE  | 9140 PAISLEY COURT  |   |   |   |            |  |
| 1 00                   |   | JACKSONVILLE FL 32257   |   | DO NOT WRITE IN THIS SPACE                    |   |            |  |
| US                     | TO VEED.  | US  |   | 3. Date Incorporated or Qualifed              |   | $\Box$     |  |
|                        |   |   | ·                                       | 01/01/1996                                    | <del></del>                               |            |  |
| <u> </u>               | ace of Business   | 2a. Mailing Address   | d O                                     | 4. FEI Number                                 | Applied For                               |            |  |
| 21                     | #   | 26   4   0   0.15  <br>  Suite, Apt. #, etc.                          | ley Court                               | 59-3351350                                    | Not Applicab  \$8.75 Additional           | ne         |  |
| Suite, Apt.            | #, etc.   | 27 Suite, Apr. #, etc.  | •                                       | 5. Certifcate of Status Desired               | Fee Required                              | ĺ          |  |
| City & State           | e   | City & State  |   | 6. Election Campaign Financing                | \$5.00 May Be                             | 7          |  |
| 23                     |   | 28 Jac 4-50111  | Us.FL_                                  | Trust Fund Contribution                       | Added to Fees                             |            |  |
| Zip                    | Country   | Zip   | Country                                 | 8. This corporation owes the current          |   | -          |  |
| 24                     | 25  |   | o Duval                                 | Personal Property Tax.                        | Yes No                                    | $\dashv$   |  |
|                        | 9. Name and Address of Current  | Registered Agent  | 81 Name ( )                             | 10. Name and Address of New Reg               | Jistered Agent                            | $\dashv$   |  |
| HOL.                   | nson, Henry 🗶   |   |   | Henry Johnson, Jr.                            |   |            |  |
| 9140 PAISLEY COURT     |   |   | 82 Street Add                           | Iress IP.O. Box Number is Not Acceptable      | e)  | - {        |  |
| JACKSONVILLE FL 32257  |   |   | 83                                      | 2 Localand and t                              |   |            |  |
|                        |   |   |   |   |   | _          |  |
|                        |   |   | 84 <u>City</u>                          | KSONVIlla                                     | FL 85 Zip Code 32257                      |            |  |
| 11. Pursuant           | to the provisions of Sections 607.0502  | 2 and 607.1508, Florida Statutes                                      | the above named cor                     | poration submits this statement for the DU    | rnose of changing its registered          | ā          |  |
| office or re           | egistered agent, or both, in the State on familiar with, and accept the obligat | of Florida. Such change was aut<br>tions of, Section 607.0505, Floric | horized by the corporat<br>ta Statutes. | ion's board of directors. I hereby accept t   | ne appointment as registered              |            |  |
| SIGNATURE              |   |   |   |   |   | - (        |  |
|                        | Signature, typed or printed name of registered agen                             |   | legistered Agent signature requir       | ADDITIONS/CHANGES TO OFFIC                    | DATE                                      | ,          |  |
| 12.                    |   | D DIRECTORS   | 13.                                     | ADDITIONS/CHANGES TO OFFIC                    | Change Addi                               |            |  |
| TITLE                  | P IOUNGON HENDY !   |   | 1.2 NAME                                |   |   | ſ          |  |
| NAME<br>STREET ADDRESS | JOHNSON, HENRY J<br>9140 PAISELY COURT  |   | 1.3 STREET ADORESS                      |   |   | - {        |  |
| CITY-ST-ZIP            | JACKSONVILLE FL 32257   |   | 1.4 CITY-ST-ZIP                         |   |   |            |  |
| TITLE                  | V   | DELETE  | 2.1 TITLE                               |   | ☐ Change ☐ Addi                           | tion       |  |
| NAME                   | MCINTEL, JONETTE  |   | 2.2 NAME                                |   |   | 1          |  |
| STREET ADDRESS         | 7766 GREENWICH COURT EAS  | ST .  | 2.3 STREET ADDRESS                      |   |   | •          |  |
| CITY-ST-ZIP            | JACKSONVILLE FL 32277   |   | 2.4 CITY-ST-ZIP                         |   |   |            |  |
| TITLE                  |   | ☐ DELETE  | 3.1 TITLE                               | ·   | ☐ Change ☐ Addi                           | tion       |  |
| NAME                   |   |   | 32 NAME                                 |   |   | - 1        |  |
| STREET ADDRESS         |   |   | 3.3 STREET ADDRESS                      |   |   |            |  |
| CITY-ST-ZIP            |   | ☐ DELETE  | 3.4. CITY-ST-ZIP 4.1 TITLE              |   | Change Addi                               | ition      |  |
| TITLE                  |   |   | 4.1 INCE<br>4.2 NAME                    |   |   |            |  |
| NAME<br>CYDEET ADODESS |   |   | 4.2 NAME<br>4.3 STREET ADDRESS          |   |   | }          |  |
| STREET ADDRESS         |   |   | 4.4 CITY-ST-ZIP                         |   |   |            |  |
| CITY-ST-ZIP<br>TITLE   |   | DELETE  | 5.1 TITLE                               |   | ☐ Change ☐ Add                            | ition      |  |
| NAME                   |   | _   | 5.2 NAME                                |   |   |            |  |
| STREET ADDRESS         |   |   | 5.3 STREET ADDRESS                      |   |   | -          |  |
| CITY-ST-ZIP            |   |   | 5.4 CITY-ST-ZIP                         |   |   |            |  |
| TITLE                  |   | ☐ DELETE  | 61 TITLE                                | ·   | ☐ Change ☐ Addi                           | ition      |  |
| NAME                   |   |   | 6.2 NAME                                |   |   |            |  |
| STREET ADDRESS         |   |   | 6.3 STREET ADDRESS                      |   |   | - 1        |  |
| CITY-ST-ZIP            |   |   | 6.4 CITY-ST-ZIP                         |   | <u></u>                                   |            |  |

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: