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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000004745 (1)

FRS TAX SERVICES, INC.

Principal Place of Business Mailing Address 12755 INDIAN ROCKS ROAD 12755 INDIAN ROCKS ROAD LARGO FL :3484-4 LARGO FL :3464-4 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/16/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3359153 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 33774 33774 25 29 30 Yes Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FREEBORN, ALISON K % Freeborn & Freeborn Street Address (P.O. Box Number is Not Acceptable) 2494 BAYSHORE BLVD, SUITE 200 **DUNEDIN FL 34698** 83 360 Street MONROE City 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 Signature, typed or printed name of registered agent and trite if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change Addition SHULTZ, FRANCES R NAME 1.2 NAMÉ 8380 81ST TERACE NORTH STREET ADDRESS 1.3 STREET ADDRESS SEMINOLE FL 34647 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-2IP TITLE DELETE Change 4.1 TITLE ☐ Addition

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.

4. 2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE: Jances Shutty

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

4/18/98

813-593-1040

Chance

Change

Addition

Addition

FILED

Apr 29 1998 8:00am

Secretary of State

R2E034 (10/97)