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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000083258 (9) n/c 12/20/96

1. Corporation Name
~~MISHA AND ASSOCIATES, INC.~~
HERNANDO ACCOUNTING & TAX SERVICE, INC.

Principal Place of Business	Mailing Address
~~1089 EDGEHILL AVENUE~~ ~~SPRING HILL FL 34606~~	~~1089 EDGEHILL AVENUE~~ ~~SPRING HILL FL 34606-5710~~

3. Date Incorporated or Qualified: 10/01/1996
3a. Date of Last Report:

2. Principal Place of Business
21 5390 Spring Hill DR
22 Suite, Apt. #, etc.
23 City & State: Spring Hill, FL
24 Zip: 34606 25 Country: HERNANDO

2a. Mailing Address
26 5390 Spring Hill DR
27 Suite, Apt. #, etc.
28 City & State: Spring Hill, FL
29 Zip: 34606 30 Country: HERNANDO

4. FEI Number: 59-3408365 ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
~~REGO, MICHAEL D~~
~~1089 EDGEHILL AVENUE~~
~~SPRING HILL FL 34606~~

10. Name and Address of New Registered Agent
81 Name: Rego, Michael D.
82 Street Address (P.O. Box Number is Not Acceptable): 5390 Spring Hill Drive
83
84 City: Spring Hill FL 85 Zip Code: 34606

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: Michael D. Rego / President / Michael D. Rego DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	REGO, MICHAEL D		1.2 NAME		
STREET ADDRESS	1089 EDGEHILL AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34606		1.4 CITY-ST-ZIP		
TITLE	VSTD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLS, SHARON		2.2 NAME		
STREET ADDRESS	13007 TYRONE STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667		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-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Michael D. Rego 4/12/97 352-688-7661
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR — Date — Daytime Phone #

D43713