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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jan 26 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000045100 (9)

TAX TALK, INC.

Principal Place of Business Mailing Address 1250 W. EAU GALLIE BOULEVARD 1250 W. EAU GALLIE BOULEVARD SUITE K SUITE K DO NOT WRITE IN THIS SPACE MELBOURNE FL 32935 MELBOURNE FL 32935 3. Date Incorporated or Qualified 05/13/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 9-3448701 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □Ño 29 30 Personal Property Tax due June 30. 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JONES, RICHARD O 1250 W. EAU GALLIE BOULEVARD Street Address (P.O. Box Number is Not Acceptable) SUITE K 83 MELBOURNE FL 32935 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE 1.2 NAME NAME JONES, RICHARD O 1250 W. EAU GALLIE BOULEVARD, SUITE J STREET ADDRESS 1.3 STREET ADDRESS **MELBOURNE FL 32935** 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 6.1 TITLE TITLE

5.2 NAME

**6.3 STREET ADDRESS** 

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 is 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 his 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:

NAME STREET ADDRESS