1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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28

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Zip

## DOCUMENT # P98000065155

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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23

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Zip

TAXTIME SOFTWARE GROUP INC.

Principal Place of Business	Mailing Address	
1067 EDGEWOOD AVE. JACKSONVILLE FL 32254	1067 EDGEWOOD AVE. JACKSONVILLE FL 32254	

Country

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**FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90010 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE				
3. Date Incorporated or Qualifed				
07/22/1998				
4. FEI Number	Applied For			
59-3522267	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 Intangi Personal Property Tax.	ble Yes XNo			
10. Name and Address of New Registered Agent				

9. Name and Address of Current Registered Agent RHODES, PATRICIA A Street Address (P.O. Box Number is Not Acceptable) 1067 EDGEWOOD AVE. JACKSONVILLE FL 32254 83 85 Zip Code 84 City

Country

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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 fampliar with, and accept the applications of 52.0505, Florida Statutes.						
SIGNATURE-	Startature Typed confirmed harms of registered agent and title if applicable. (NOTE: Re	egistered Agent signature re	required when reinstating)  DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE			
TITLE		1.1 TITLE	Cha	inge 🔲 Addition		
NAME	MARIA	1.2 NAME				
STREET ADDRESS	MARTY PARRISH DELETE 2973 HWY 1495	1.3 STREET ADDRESS				
CITY-ST-ZIP	EARLE AR 7233	1.4 CITY-ST-ZIP				
TITLE	SECITAEAS. DELETE	2.1 TITLE	Cha	inge 🔲 Addition		
NAME	SUCTENTIAS. DELETE	2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS	and a constraint of the second			
CITY-ST-ZIP	EARLE AR 72331	2.4 CITY-ST-ZIP				
TITLE	PR25 DELETE	3.1 TITLE	☐ Cha	inge 🔲 Addition		
NAME	PATRICIA A RHODES 514 BROADWAY AUR JACKSONVILLE FL 32254	3.2 NAME				
STREET ADDRESS	THE BODATH AU AUC	3.3 STREET ADDRESS				
CITY-ST-ZIP	THE CONVINE FL 32254	3.4. CITY-ST-ZIP				
TITLE	□ DELETE	4.1 TITLE	☐ Cha	ange		
NAME		4 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	DELETE	51 TITLE	Cha	ange		
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE	Cha	ange		
NAME .	,	6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY OT 710		6.4 CITY-ST-ZIP				

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