

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90212 034 ***150.00

DOCUMENT # P98000082031

1. Corporation Name
FRAN'S TAX SERVICE, INC.

Principal Place of Business
4604 ATLANTIC BOULEVARD
SUITE 2-1A, #12
JACKSONVILLE FL 32207

Mailing Address
4604 ATLANTIC BOULEVARD
SUITE 2-1A, #12
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/22/1998

2. Principal Place of Business
21 4604 ATLANTIC BLVD
Suite, Apt. #, etc.

2a. Mailing Address
26 4604-12 ATLANTIC BLVD
Suite, Apt. #, etc.

4. FEI Number
59-3536029
Applied For
Not Applicable

22 Suite 4A

27 Suite 4A

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 Jacksonville, FL

28 Jacksonville FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip Country

Zip Country

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

24 32207 25

29 32207 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAUDLE, FRANCES M
4604 ATLANTIC BOULEVARD
SUITE 2-1A, #12
JACKSONVILLE FL 32207

81 Name
FRANCES M. CAUDLE
82 Street Address (P.O. Box Number is Not Acceptable)
4604-12 ATLANTIC BLVD
83 Suite 4A
84 City Jacksonville FL 85 Zip Code 32207

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 *Frances M. Caudle*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	CAUDLE, FRANCES M	11772 V.C. JOHNSON ROAD	JACKSONVILLE FL 32218	<input type="checkbox"/>
D	CAUDLE, MICHELLE L	11772 V.C. JOHNSON ROAD	JACKSONVILLE FL 32218	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Frances M. Caudle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99
Date

904/396-1974
Daytime Phone #

CR2E034 (11/98)