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

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90153 019 ***150.00

DOCUMENT # **S76013** 1. Corporation Name

ZAPIT T	AX SERVICE CO.										
Principal Plac	e of Rusiness	Mailing	Address				-		e n dien eien d		
Principal Place of Business Mailing Address 1552 BRICKYARD RD 1552 BRICKYARD RD CHIPLEY FL 32428 CHIPLEY FL 32428 US US							DO NOT WRITE IN THIS SPACE				
•••							3. Date Incorporated or Qualifed				
	·						08/23/1991				
2. Principal Place of Business 2a. Mailing Address			ng Address				4. FEI Number		Applied For		
21		26					59-3082583			t Applicable	
Suite, Apt.	#, etc.	\vdash	, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Re		
22 City & Stat		27 City	& State				C Starting Compaign Financing		\$5.00		
City & Stat	e	— `	& State				Election Campaign Financing Trust Fund Contribution		Added to		
Zip	Country	28 Zip		. Cour	ntrv		8. This corporation owes the curre	ent vear Inta		01.000	
24	25	29	3	_		-	Personal Property Tax.	an your-ma		□No	
24	9. Name and Address of Curre			<u>, </u>			10. Name and Address of New R	egistered A	Agent		
		<u> </u>			81	Name					
	ISTER, ELLA			-	<u></u>	Ctus at Addus	on (D.O. Boy Number in Not Accord	hla)			
1552 BRICKYARD RD					82	Street Addre	ss (P.O. Box Number is Not Accepta	DIE)			
CHIPLEY FL 32428					83					,	
					_				1a=1 7:- 0	<u></u>	
					84	City		FL	85 Zip C	Jode	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Su	ch change was auti	norized	by I	the corporation	ration submits this statement for the o's board of directors. I hereby accep	t the appoir	changing its itment as reg	registered gistered	
	Signature, typed or printed name of registered ago				Agen	t signature required		DATE	D DIDECTO	DC (N. 40	
12.		ND DIRECTOR		13.			ADDITIONS/CHANGES TO OF	-ICERS AN	Change	Addition	
TITLE	PD ====		☐ DELETE	1.1 TITI					Citalige		
NAME	REGISTER, ELLA			1.2 NA						į,	
STREET ADDRESS	1552 BRICKYARD RD					ADDRESS					
CITY-ST-ZIP	CHIPLEY FL		[] DELETE	1.4 CIT		r-zip			Change	☐ Addition	
TITLE			(_) DELETE	2.1 1111					Gridings		
NAME				2.2 NA							
STREET ADDRESS	1			1		ADDRESS				ļ	
CITY-ST-ZIP			DELETE	2. 4 CIT	_	31-ZIP			Change	[Addition	
TITLE			DECELE	3.1 H3		.			J		
NAME .						ADDRESS					
STREET ADDRESS				II.							
CITY-ST-ZIP				•	3.4: CITY-\$T-ZIP		-1-W1-	 -	Change	☐ Addition	
NAME				4. 2 NA					- ·		
NAME STREET ADDRESS						ADDRESS	•				
				4.3 ST							
CITY-ST-ZIP			☐ DELETE	5.1 TIT	_	1 211			Change	Addition	
			_		-						

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, or organ attachment with ap address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAMÉ

Change

Addition