

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V21488** (4)

1. Corporation Name

**TAX PLUS SERVICES, INC.**



Principal Place of Business

**915 DENSMORE DRIVE  
WINTER PARK FL 32792**

Mailing Address

**915 DENSMORE DRIVE  
WINTER PARK FL 32792**

3. Date Incorporated or Qualified  
**03/16/1992**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

**MAHNKE, ALICE F.  
915 DENSMORE DRIVE  
WINTER PARK FL 32792**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number  
**59-3112104**

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. 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

Signature typed or printed name of registered agent (if not applicable)

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **MAHNKE, ALICE F.**  
STREET ADDRESS **915 DENSMORE DR.**  
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE  
12. NAME  
13. STREET ADDRESS  
14. CITY-ST-ZIP

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP

31. TITLE  
32. NAME  
33. STREET ADDRESS  
34. CITY-ST-ZIP

41. TITLE  
42. NAME  
43. STREET ADDRESS  
44. CITY-ST-ZIP

51. TITLE  
52. NAME  
53. STREET ADDRESS  
54. CITY-ST-ZIP

61. TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY-ST-ZIP

**900001863049  
-06/17/96--01007--044  
\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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:

*Alice F. Mahnke*  
**ALICE F. MAHNKE, PRESIDENT**

4/29/96

(407) 677-5941

CR2E034 (12/95)