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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # V32993

1. Corporation Name
BudgeTax, Inc.

[redacted]

Principal Place of Business	Mailing Address
5965 SE Tangerine Blvd. Stuart, FL 34997 US	5965 SE Tangerine Blvd. Stuart, FL 34997 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5/1/92

2. Principal Place of Business	2a. Mailing Address
21 5965 SE Tangerine Blvd.	26 5965 SE Tangerine Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Stuart, FL	City & State 28 Stuart, FL
Zip / Country 24 34997 / 25 U.S.	Zip / Country 29 34997 / 30 U.S.

4. FEI Number: 65-0330052 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

Peter A. Drevas
5965 SE Tangerine Blvd.
Stuart, FL 34997

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 5965 SE Tangerine Blvd.

83

84 City: Stuart **FL** 85 Zip Code: 34997

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)

12. OFFICERS AND DIRECTORS			13. ADDITIONAL OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Additi
NAME	Peter A. Drevas		1.2 NAME		
STREET ADDRESS	5965 SE Tangerine Blvd.		1.3 STREET ADDRESS	5965 SE Tangerine Blvd.	
CITY-ST-ZIP	Stuart, FL 34997		1.4 CITY-ST-ZIP	Stuart, FL 34997	
TITLE	VST	☐ DELETE	2.1 TITLE		☒ Change ☐ Additio
NAME	Shelley B. Drevas		2.2 NAME		
STREET ADDRESS	5965 SE Tangerine Blvd.		2.3 STREET ADDRESS	5965 SE Tangerine Blvd.	
CITY-ST-ZIP	Stuart, FL 34997		2.4 CITY-ST-ZIP	Stuart, FL 34997	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Ad
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Additi
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Additi
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Additi
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

4/28/98

000002532790
-05/22/98--01014--048
***150.00

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.

SIGNATURE: Shelley B. Drevas 4/28/98 561-219-0909
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED PERSON OR DIRECTOR