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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90040 040 ***150.00

DOCUMENT # V73098 1. Corporation Name

Principal Place of Business

GRAHAM INCOME TAX SERVICE INC.

S	33873	409 S. 6 AVE WAUCHULA FL 33873 US			DO NOT WRITE IN THIS SE 3. Date Incorporated or Qualifed 10/21/1992	PACE	
. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
1		26			65-0377436	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Fee Re	Additional
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
] _		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intang	gible	
25 29			0			Yes	□No
J	9. Name and Address of Curren	t Registered Agent	<u> </u>		10. Name and Address of New Registered Ag	ent	
			1	81 Name			
GRAI	HAM, JUDY		Ļ	20 0:	Advanced Co. Co. No. 1 and Advantable	-	
409	S. 6 AVE		'	Street Ac	ddress (P.O. Box Number is Not Acceptable)	*	
WAU	CHULA FL 33873		la	B3			
			1	B4 City	E:	85 Zip	Code
(4 D) 11	1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D	2 and 607 1509 Fladda Chairte	the at-	nuo pomod	orporation submits this statement for the purpose of ch	anging its	ranistered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	horized l	by the corpora	ation's board of directors. I hereby accept the appointment	nent as re	gistered
SIGNATURE	Signature, typed or printed name of registered ager						
		of and title if andicable (NOTE: F	enistered A	cent signature regu	uired when reinstating) DATE		
				gent signature requ	and the real real real real real real real rea	DIRECTO	DRS IN 12
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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 informationated 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 tike empowered.

SIGNATURE: