

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000059372 (1)

1. Corporation Name

AUTOMATED PAYROLL AND ACCOUNTING SERVICES, INC.



Principal Place of Business

1819 GLENGARY STREET
SARASOTA FL 34231
US

Mailing Address

1819 GLENGARY STREET
SARASOTA FL 34231-3603
US

2. Principal Place of Business

21 1651 WALDEMERE ST.

2a. Mailing Address

26 P.O. Box 25132

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SARASOTA, FL

City & State

28 SARASOTA, FL

Zip

24 34239

Country

25 USA

Zip

29 34277-0132

Country

30 USA

9. Name and Address of Current Registered Agent

DRYMON, JAMES J
1605 MAIN STREET
SUITE 705
SARASOTA FL 34236

3. Date Incorporated or Qualified

08/20/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0440006

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME JAKUSOVAS, MICHAEL F
STREET ADDRESS 1651 WALDEMERE STREET
CITY-ST-ZIP SARASOTA FL

TITLE S ☐ DELETE

NAME JAKUSOVAS LYNN E
STREET ADDRESS 1651 WALDEMERE STREET
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

Michael F. Jakusovas, Michael F. Jakusovas, 4/26/97 (901) 315-1100

CR2E034 (9/96)