

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90089 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Hargis Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000092910

1. Corporation Name

ABACUS ACCOUNTING & TAX SERVICE, INC.

Principal Place of Business

 704 SW 3RD AVE
 OCALA FL 34474
 US

Mailing Address

 P.O. BOX 1239
 OCALA FL 34478
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1996

4. FEI Number

59-3347478

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 the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

 SCHUSTER, DAVID J
 14700 S.E. HIGHWAY 475
 SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent

81 Name

RICHARD M. SANDY

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

5740 SE 21st LN

83

84 City

OCALA

FL

85 Zip Code

34472

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 DPT
 SCHUSTER, DAVID J
 14700 S.E. HIGHWAY 475
 SUMMERFIELD FL
☒ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 DVS
 SANDY, RICHARD M
 3392 S.E. 25TH AVENUE
 OCALA FL
☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
☐ Change ☐ Addition
 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

 PVTS
 RICHARD M. SANDY
 5740 SE 21st LN
 OCALA, FL 34472
☒ Change ☒ Addition
 3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
☐ Change ☐ Addition
 4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
☐ Change ☐ Addition
 5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
☐ Change ☐ Addition
 6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 1/29/99 (352) 867-5005
 Date Daytime Phone

CR2E034 (11/98)