

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 29 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 # P97000068004 (5)  
1. Corporation Name

ACCESS ABILITY PUBLISHING INC



Principal Place of Business

PO BOX 1  
CASSELBERRY FL 32718-0157

Mailing Address

PO BOX 1  
CASSELBERRY FL 32718-0157

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 80 TRIPLET DR.  
Suite, Apt. #, etc.

22

City & State

23 CASSELBERRY FL

Zip

Country

24 32707

25 USA

2a. Mailing Address

26 PO BOX 1  
Suite, Apt. #, etc.

27

City & State

28 CASSELBERRY FL

Zip

32718-0157

Country

29 0157 30 USA

3. Date Incorporated or Qualified

08/05/1997

4. FEI Number

59-8490102

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

SELPH, ULIAN  
80 TRIPLET DR.  
CASSELBERRY FL 32718-0157

10. Name and Address of New Registered Agent

81 Name

LILIAN SELPH

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

80 TRIPLET DR

83

84 City

Casselberry

FL

85 Zip Code

32718

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 PRESIDENT  
NAME LILIAN SELPH  
STREET ADDRESS 171 QUAIL POND CIR  
CITY-ST-ZIP CASSELBERRY FL 32718-0157

☐ DELETE

TITLE DEPT. TRGS.  
NAME LILIAN SELPH  
STREET ADDRESS 171 QUAIL POND CIR  
CITY-ST-ZIP CASSELBERRY, FL 32718-0157

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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

Lilian Selph

7-10-98 407-339-2062

CR2E034 (5/98)