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Mar 25 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 # **S79444** **(3)**

1. Corporation Name
ACCESSIBILITY SERVICES, INC.

Principal Place of Business	Mailing Address
12345 STARKEY RD. SUITE E LARGO FL 34643	12345 STARKEY RD. SUITE E LARGO FL 33773-2627

3. Date Incorporated or Qualified: **09/11/1991**
3a. Date of Last Report: **03/28/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-3087702** ☐ 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

9. Name and Address of Current Registered Agent

THOMPSON, FRED
5909 BIMINI WAY NORTH
ST PETERSBURG FL 33706

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: THOMPSON, FRED		1.2 NAME	
STREET ADDRESS: 5909 BIMINI WAY NORTH		1.3 STREET ADDRESS	
CITY-ST-ZIP: ST PETERSBURG FL		1.4 CITY-ST-ZIP	
TITLE: VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: BAYES, BRUCE D		2.2 NAME	
STREET ADDRESS: 11085 4TH ST E		2.3 STREET ADDRESS	
CITY-ST-ZIP: TREASURE ISLAND FL		2.4 CITY-ST-ZIP	
TITLE: ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME: COLE, WILLIAM J		3.2 NAME	
STREET ADDRESS: 120 PALMETTO LN		3.3 STREET ADDRESS	
CITY-ST-ZIP: LARGO FL		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: William J. Cole
WILLIAM J. COLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/97 (813) 536-1800
Date Daytime Phone #

0382247