

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY -1 AM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S91152** (6)

1. Corporation Name

**DAY TO DAY BOOKKEEPING INCORPORATED**

Principal Place of Business

Mailing Address

715 APRICOT AVE  
STE B  
SARASOTA FL 34237  
US

715 APRICOT AVE  
STE B  
SARASOTA FL 34237  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created <b>10/20/1991</b>	3a. Date of Last Report <b>04/21/1994</b>
4. FEI Number <b>65-0292885</b>	Apply For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporate entity liable for intangible tax under S. 198.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

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State: April 1st

State: April 1st

22

27

City & State

City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MONVILLE, ROBIN  
715 APRICOT AVE  
SUITE D  
SARASOTA FL 34237**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

11. Pursuant to the provisions of sections 190.02 and 190.03, Florida Statutes, the abovesigned corporation certifies the 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 190.02, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Title: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	<b>D</b>	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONVILLE, ROBIN</b>	2. NAME	
STREET ADDRESS	<b>715 APRICOT AVE SUITE D</b>	3. STREET ADDRESS	
CITY & STATE	<b>SARASOTA FL</b>	4. CITY & STATE	
OFFICER		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY & STATE		8. CITY & STATE	
OFFICER		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
OFFICER		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY & STATE		16. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily prepared and given, not prepared for the manufacturer stated on labels or containers. I further certify that the information included 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 eligible to be director of this corporation or the receiver or trustee designated to receive this report as required by Chapter 667, Florida Statutes, and that my name appears on Block 1 of the Block 1 of changed or return attachment with an address.

SIGNATURE: *Robin S. Monville*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

5-1-95 813)366-7822