

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

FILED
May 13 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 # P95000078130 (8)

1. Corporation Name
COLETTE M. CORLISS, CPA, P.A.

Principal Place of Business
34 S. 19TH AVE.
JACKSONVILLE BEACH FL 32250

Mailing Address
34 S. 19TH AVE.
JACKSONVILLE BEACH FL 32250-6267



2. Principal Place of Business
21 Colette M. Corliss, CPA, PA
22 900-A Third Street
23 Neptune Beach, Florida 32266
24 Zip 25 Country

2a. Mailing Address
26 Colette M. Corliss, CPA, PA
27 900-A Third Street
28 Neptune Beach, Florida 32266
29 Zip 30 Country

3. Date Incorporated or Qualified 10/01/1995
3a. Date of Last Report 05/01/1996
4. FEI Number 59-3341784
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
CORLISS, COLETTE M
34 S. 19TH AVE.
JACKSONVILLE BEACH FL 32250

B1 Name M.
B2 Street Colette Corliss, (ptable)
B3 4142 Seabreeze Drive
B4 City Jacksonville, Florida 32250
B5 Zip Code FL

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 D
NAME CORLISS, COLETTE M
STREET ADDRESS 34 S. 19TH AVE.
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE M.
1.2 NAME Colette Corliss, *
1.3 STREET ADDRESS 4142 Seabreeze Drive } ADDRESS
1.4 CITY-ST-ZIP Jacksonville, Florida 32250
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ 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 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: Colette M. Corliss / COLETTE M. CORLISS 4/25/97 904-241-9992

CR2E034 (9/96)