

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 520441 (7)

1. Corporation Name

RUSSELL'S ACCOUNTING SERVICE, INC.

Principal Place of Business

146 A WHITAKER RD.
P.O. BOX 1998
LUTZ FL 33549

Mailing Address

146 A WHITAKER RD.
P.O. BOX 1998
LUTZ FL 33549

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CAUGHEY, RUSSELL J, III
146 A WHITAKER RD.
LUTZ FL 33549

81

Name

82

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

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person filing this statement with the corporation.

Signature of the person filing this statement with the corporation.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CAUGHEY, RUSSELL III	
STREET ADDRESS	146 A WHITAKER ROAD	
CITY-STATE-ZIP	LUTZ, FL 33549	
TITLE	SD	☐ DELETE
NAME	CAUGHEY, LOIS L	
STREET ADDRESS	146 A WHITAKER ROAD	
CITY-STATE-ZIP	LUTZ, FL 33549	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing was true and correct. I am an officer or director of the corporation or the receiver or trustee of the corporation. I am not qualified for the exemption stated in Section 119.07(3)(k), Florida Statutes. Further, I am a natural person and that my signature shall have the same legal effect as if made under the seal of the corporation. I am filing 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: *Lois L. Caughey* / LOIS L. CAUGHEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96

(813) 948-2011

CR2E034 (12/95)