

Amended

AMENDED

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 NOV 12 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 531567

1. Corporation Name

Accurate Accounting & Tax, Inc.

Principal Place of Business

Mailing Address same

600 Goodlette Rd., N., #104
Naples, Florida 34102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/14/1977

4. FEI Number

59-1879585

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Helen Watson
600 Goodlette Rd., N., #104
Naples, Florida 34102

81 Name

82 Street Address (P.O. Box Not Applicable)

600 Goodlette Rd., N., #104

83

*****61.25 *****61.25

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	Michael Festa	
STREET ADDRESS	3140 Seasons Way, #504	
CITY-ST-ZIP	Estero, Florida 33928	
TITLE	VP/S/T	<input type="checkbox"/> DELETE
NAME	Helen Watson	
STREET ADDRESS	600 Goodlette Rd., N., #104	
CITY-ST-ZIP	Naples, Florida 34102	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Helen Watson	
1.3 STREET ADDRESS	600 Goodlette Rd., N., #104	
1.4 CITY-ST-ZIP	Naples, Florida 34102	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fern Berry	
2.3 STREET ADDRESS	600 Goodlette Rd., N., #104	
2.4 CITY-ST-ZIP	Naples, Florida 34102	
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Shelle Kincaid	
3.3 STREET ADDRESS	600 Goodlette Rd., N., #104	
3.4 CITY-ST-ZIP	Naples, Florida 34102	
4.1 TITLE	Irene M. Lichtefeld	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Irene M. Lichtefeld	
4.3 STREET ADDRESS	600 Goodlette Rd., N., #104	
4.4 CITY-ST-ZIP	Naples, Florida 34102	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: Helen Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/98

Date

941-263-8100

Daytime Phone #

CR2E034 (5/98)