

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F00585** (2)

1. Corporation Name
ACCOUNTING SYSTEMS OF JAX., INC.



Principal Place of Business: **PLEASE CHANGE to**
~~P.O. BOX 11721~~
~~C/O W.K. LALLY, ESQ.~~
~~JACKSONVILLE FL 32239~~

Mailing Address:
~~P.O. BOX 11721~~
~~C/O W.K. LALLY, ESQ.~~
~~JACKSONVILLE FL 32239~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. PO Box 350422	26. P.O. Box 350422	10/07/1980	02/02/1995
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number	Applied For
		59-2036212	Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Jacksonville FL	Jacksonville, FL	<input type="checkbox"/>	
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
32235	32235	<input type="checkbox"/>	
25. County	30. County	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent		81. Name	85. Zip Code
MURPHY, MARY JOAN 13876 PLEASANT VALLEY DR JACKSONVILLE FL 32239		82. Street Address (P.O. Box Number is Not Acceptable)	FL
		83.	
		84. City	

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: _____ Date: _____ Full Registered Agent's name and registered office address: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	PVP	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	MURPHY, MARY JOAN	13.2 NAME	
12.3 STREET ADDRESS	13876 PLEASANT VALLEY DR	13.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	JACKSONVILLE FL	13.4 CITY, ST, ZIP	
12.5 TITLE	ST	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	MURPHY, MARY JOAN	13.6 NAME	
12.7 STREET ADDRESS	13876 PLEASANT VALLEY DR	13.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	JAX FL	13.8 CITY, ST, ZIP	
12.9 TITLE		13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY, ST, ZIP		13.12 CITY, ST, ZIP	
12.13 TITLE		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY, ST, ZIP		13.16 CITY, ST, ZIP	
12.17 TITLE		13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY, ST, ZIP		13.20 CITY, ST, ZIP	
12.21 TITLE		13.21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME		13.22 NAME	
12.23 STREET ADDRESS		13.23 STREET ADDRESS	
12.24 CITY, ST, ZIP		13.24 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 included, or on an attachment with an address.

SIGNATURE: Mary Joan Murphy **MARY JOAN MURPHY** 1/26/95 904 221-9083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)