

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 27 PM 1:35**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # F73954**

**(2)**

1. Corporation Name

**DIONNE ACCOUNTING, INC.**

Principal Place of Business

**% EDWARD J. DIONNE  
501 N. MAIN ST. P. O. BOX 721  
LAKE PLACID FL 33852**

Mailing Address

**% EDWARD J. DIONNE  
501 N. MAIN ST. P. O. BOX 721  
LAKE PLACID FL 33852**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**03/29/1982**

3a. Date of Last Report

**04/25/1994**

4. FEI Number

**59-2229693**

Applied For

☐ Not Applicable

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. 193.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**DIONNE, EDWARD J.  
501 N. MAIN ST. P.O. BOX 721  
LAKE PLACID FL 33852**

10. Name and Address of New Registered Agent

81 Name

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

83

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

| TITLE | NAME              | STREET ADDRESS | CITY - ST - ZIP       |
|-------|-------------------|----------------|-----------------------|
| PD    | DIONNE, PAULINE B | 501 N MAIN ST  | LAKE PLACID, FL 00000 |
| VD    | DIONNE, JOSEPH A  | 501 N MAIN ST  | LAKE PLACID, FL 00000 |
| STD   | DIONNE, EDWARD J  | 501 N MAIN ST  | LAKE PLACID, FL 00000 |
|       |                   |                |                       |
|       |                   |                |                       |
|       |                   |                |                       |
|       |                   |                |                       |
|       |                   |                |                       |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |

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 110.07(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 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:

*Pauline B. Dionne*  
Pauline B. Dionne, President

*April 21, 1995*  
Date

*813-465-4981*  
Office Phone #