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PROFIT CORPORATION ANNUAL REPORT
~~1999~~ 2000

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

DOCUMENT # F73954 (2)

1. Corporation Name
DIONNE ACCOUNTING, INC.

Principal Place of Business	Mailing Address
% EDWARD J. DIONNE 501 N. MAIN ST. P. O. BOX 721 LAKE PLACID FL 33852	% 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

FEI Number: 59-2229693 ☐ Applied F ☐ Not Appli

5. Certificate of Status Desired ☐ -$8.75 Addition Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $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
21 501 N. Main Street	26 % Pauline Dionne 501 N.Main ST POBox 721
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lake Placid, Fl.	City & State 28 Lake Placid, Fl. 33862
Zip 24 33852 Country 25 Highlands	Zip 29 33862 Country 30 Highlands

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: Pauline B. Dionne
82 Street Address (P.O. Box Number is Not Acceptable): 501 N. Main St.
83
84 City: Lake Placid FL 85 Zip Code: 33852

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 regis 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 regis agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Pauline B. Dionne — Pauline B. Dionne, President — 4/21/2000
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
TITLE	PD	☐ DELETE	1.1 TITLE ☐ Change ☐ A
NAME	DIONNE, PAULINE B		1.2 NAME
STREET ADDRESS	501 N MAIN ST		1.3 STREET ADDRESS
CITY-ST-ZIP	LAKE PLACID, FL 00000		1.4 CITY-ST-ZIP
TITLE	VD - S/T	☐ DELETE	2.1 TITLE ☐ Change ☐ A
NAME	DIONNE, JOSEPH A		2.2 NAME
STREET ADDRESS	501 N MAIN ST		2.3 STREET ADDRESS
CITY-ST-ZIP	LAKE PLACID, FL 00000		2.4 CITY-ST-ZIP
TITLE	STD	☒ DELETE	3.1 TITLE ☐ Change ☐
NAME	DIONNE, EDWARD J		3.2 NAME
STREET ADDRESS	501 N MAIN ST		3.3 STREET ADDRESS
CITY-ST-ZIP	LAKE PLACID, FL 00000		3.4 CITY-ST-ZIP
TITLE		☐ DELETE	4.1 TITLE ☐ Change ☐
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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 info 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 a 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 appear Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pauline B. Dionne — Pauline B. Dionne — 4/21/00 — (863) 465-4981
OFFICER OR DIRECTOR — Date — Daytime Phone # 041