## FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
**1998**

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

# FILED
# Apr 14 1998 8:00am
# Secretary of State

**DOCUMENT #  F95000002467 (7)**
1. Corporation Name

**ACCURATE DETECTIVE AGENCY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 6847<br>WARWICK RI 02887 | PO BOX 6847<br>WARWICK RI 02887 |

DO NOT WRITE IN THIS SPACE

**3.** Date Incorporated or Qualified
**05/22/1995**

| | Principal Place of Business | | Mailing Address | **4.** FEI Number | Applied For |
|---|---|---|---|---|---|
| **21** | 2. Principal Place of Business | **26** | 2a. Mailing Address | **05-0475850** | Not Applicable |
| **22** | Suite, Apt #, etc. | **27** | Suite, Apt. #, etc. | **5.** Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| **23** | City & State | **28** | City & State | **6.** Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| **24** | Zip **25** Country | **29** | Zip **30** Country | **8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No | |

**9. Name and Address of Current Registered Agent**

CLARK, CHARLES D
1802 MILL RUN CR.
TAMPA FL 33613

**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 | DELETE | **13.** | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | Change | Addition |
|---|---|---|---|---|---|---|
| TITLE | CP | ☐ | 1.1 TITLE | | ☐ | ☐ |
| NAME | DURNING, DEAN | | 1.2 NAME | | | |
| STREET ADDRESS | 3193 POST RD. | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | WARWICK RI 02886 | | 1.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ | 2.1 TITLE | | ☐ | ☐ |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ | 3.1 TITLE | | ☐ | ☐ |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ | 4.1 TITLE | | ☐ | ☐ |
| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ | 5.1 TITLE | | ☐ | ☐ |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ | 6.1 TITLE | | ☐ | ☐ |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | |

CR2E034 (10/97)

**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:** _Dean S Durning_    DEAN S. DURNING    4/7/98    1-800-841-1213