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FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000002956 (7)

1. Corporation Name

ACCURATE MANAGEMENT SERVICES, INC.

Principal Place of Business

304 NESBIT PROFESSIONAL BLDG.
SUITE 109
PUNTA GORDA FL 33950

Mailing Address

304 NESBIT PROFESSIONAL BLDG.
SUITE 109
PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1997

4. FEI Number

38-3280814

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 owes or has paid the current year Intangible -
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

NEHS, J. PATRICK
1200 W. RETTA ESPLANADE C-73
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81

Name

Nehs, J. Patrick

82

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

25188 E. MARION

83

APT. C-101

84

City

Punta Gorda

FL

85

Zip Code

33950

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

J. Patrick Nehs
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

3-30-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME NEHS, CHRISTOPHER

STREET ADDRESS 25882 MAY WOOD

CITY-ST-ZIP WOOD HAVEN MI 48183

TITLE ☐ DELETE

NAME NEHS, JAMES

STREET ADDRESS 7735 LEONARD

CITY-ST-ZIP WHITMORE LAKE MI 48189

TITLE ☐ DELETE

NAME NEHS, ANDREW

STREET ADDRESS 47160 W 12 MILE RD.

CITY-ST-ZIP NOVI MI 48377

TITLE ☐ DELETE

NAME WOOD, KATHLEEN

STREET ADDRESS 5 BELLEVUE

CITY-ST-ZIP NATICK MA 01780

TITLE ☐ DELETE

NAME NEHS, SHARON

STREET ADDRESS 1200 W RETTA ESPLANADE

CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ DELETE

NAME NEHS, J. PATRICK

STREET ADDRESS 1200 W RETTA ESPLANADE C-73

CITY-ST-ZIP PUNTA GORDA FL 33950

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☒ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☒ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

11552 Creek Side Lane
Carmel, IN 46033

25188 E. MARION, C-101
PUNTA GORDA FL 33950

25188 E. MARION, C-101
PUNTA GORDA FL 33950

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.

CR2E034 (10/97)