

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90038 015 ***150.00

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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

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

NEHS, J. PATRICK
25188 E MARION
APT C-101
PUNTA GORDA FL 33950

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

TITLE C
NAME NEHS, CHRISTOPHER
STREET ADDRESS 25682 MAY WOOD
CITY-ST-ZIP WOOD HAVEN MI 48183

TITLE D
NAME NEHS, JAMES
STREET ADDRESS 7735 LEONARD
CITY-ST-ZIP WHITMORE LAKE MI 48189

TITLE D
NAME NEHS, ANDREW
STREET ADDRESS 47160 W 12 MILE RD.
CITY-ST-ZIP NOVI MI 48377

TITLE D
NAME WOOD, KATHLEEN
STREET ADDRESS 11552 CREEK SIDELANE
CITY-ST-ZIP CARMEL IN 46033

TITLE P
NAME NEHS, SHARON
STREET ADDRESS 25188 E MARION C-101
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ST
NAME NEHS, J. PATRICK
STREET ADDRESS 25188 E MARION C-101
CITY-ST-ZIP PUNTA GORDA FL 33950

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (P) 3/11/99 (941) 575-7748

Date

Daytime Phone #

CR2F034 (11/98)