

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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000005091 (0)**

1. Corporation Name

NATIONAL ACCOUNTING CORPORATION

Principal Place of Business

**55 MARIETTA STREET, STE 2000
ATLANTA GA 30303**

Mailing Address

**55 MARIETTA STREET, STE 2000
ATLANTA GA 30303**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1997

4. FEI Number

58-2318118

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 **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

9. Name and Address of Current Registered Agent

**JANEZIC, JOSEPH A
5700 MEMORIAL HWY STE 202
TAMPA FL 33615**

10. Name and Address of New Registered Agent

81 Name

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

4815 E. BUSH BLVD Suite 113

83

84 City

Tampa

FL

85 Zip Code

33617

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 **POD** ☐ DELETE
NAME **SCHMIDT, L P**
STREET ADDRESS **55 MARIETTA STREET, STE 2000**
CITY-ST-ZIP **ATLANTA GA**

TITLE **VD** ☐ DELETE
NAME **JANEZIC, JOSEPH A**
STREET ADDRESS **4801 MANOR DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ DELETE
NAME **MURRY, MARY A**
STREET ADDRESS **1004 US HWY 19 STE 202**
CITY-ST-ZIP **HOLIDAY FL**

TITLE **D** ☒ DELETE
NAME **BODROG, LAWRENCE M**
STREET ADDRESS **4801 CYPRESS COURT**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **S** ☒ DELETE
NAME **KOGGAN, KIMBERLY A**
STREET ADDRESS **1004 US HWY 19 STE 202**
CITY-ST-ZIP **HOLIDAY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SECRETARY** ☐ Change ☒ Addition
1.2 NAME **KATHLEEN SHEPHERD**
1.3 STREET ADDRESS **6350-13 MC DONALD DR.**
1.4 CITY-ST-ZIP **NORCROSS, GA 30093**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 601, 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)