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Feb 26, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # G09653

1. Corporation Name
RASMUSSEN ACCOUNTING AND TAX SERVICE, INC.

Principal Place of Business
 4500 4TH STREET NORTH
 ST. PETERSBURG FL 33703-1731

Mailing Address
 4500 4TH STREET NORTH
 ST. PETERSBURG FL 33703-1731

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/24/1982

2. Principal Place of Business
 21 **2090-9th St N**

2a. Mailing Address
 26 **2090-9th St N**

4. FEI Number
59-2238051

Applied For
 Not Applicable

22 Suite, Apt. #, etc.
 23 **St Petersburg FL**

27 Suite, Apt. #, etc.
 28 **St Petersburg FL**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 **33704** 25

29 **33704** 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RASMUSSEN, FRED S.
 4500 4TH ST., NORTH
 ST PETERSBURG FL 33703

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
2090-9th St N
 83
 84 City **St Petersburg** FL 85 Zip Code **33704**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
 NAME **RASMUSSEN, FRED S**
 STREET ADDRESS **4500 4TH ST., NORTH**
 CITY-ST-ZIP **ST PETERSBURG, FL 00000**

1.1 TITLE **President** Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **2090 9th St N**
 1.4 CITY-ST-ZIP **St Petersburg FL 33704**

TITLE **V** DELETE
 NAME **RASMUSSEN, CRAIG L**
 STREET ADDRESS **4500 4TH ST., NORTH**
 CITY-ST-ZIP **ST PETERSBURG, FL 00000**

2.1 TITLE **Vice President** Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **2090 9th St N**
 2.4 CITY-ST-ZIP **St Petersburg FL 33704**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 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 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: **Fred S Rasmussen** **Rasmussen** 1/30/99 727/827-0017
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)