## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (9)**DOCUMENT #**  Corporation Name SPEIR ACCOUNTING SERVICE. INC. Malang Address Principal Place of Business 1365 CASSAT AVE 1365 CASSAT AVE JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 3. Date Incorporated or Qualified 3a. Date of Last Report 05/07/1984 05/01/1995 4. FET Number Applied For 2a. Maling Address 2. Principal Place of Business 59-2404466 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #. etc 5. Certificate of Status Desired Fee Required 22 6. Election Carripaign Financing \$5.00 May Be City & State Orty & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032. Country Country  $Z_{\rm IP}$ Fiorida Statutes Yes No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 l Name Street Address (P.O. Box Number is Not Acceptable) SPEIR, EDWARD E. 82 1321 GRANDVIEW DR. 83 JACKSONVILLE FL 32211 Zip Code City 85 84 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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DATE ng Typing to greek in high a transport and a section of the intigal case CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Add tion DELETE 1 TITLE TITLE D 1.2 NAME SPEIR, EDWARD E. NAME 1321 GRANDVIEW DRIVE 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 CiTY+ST, ZiP CITY - S1 - ZIP Change no tibbA DELETE 2.1 III. F TITLE D 2.2 NAME SPEIR, SONDRA D. NAME 1321 GRANDVIEW DRIVE 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2.4 CHY+S1+ZIP CITY - S1 - ZiP ☐ Addition Change DELFTÉ Till E 5 1 TOLE 3.2 NAME NAME 3.3 STHEET ADDRESS STREET ADDRESS 3.4 City St-ZiP CITY-ST-ZIP Add tion ☐ Change DELETE 4.1 1111.8 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST- ZiP CITY-ST-ZIP Change Addit on DELETE 5.1 URE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP CITY+ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 eath; that I am an officer or director of the corporation or this receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

EDWARD E. SPEIR

MAME OF SIGNING OFFICER OR DIRECTOR

(904) 388-5147