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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # H14814

1. Corporation Name

AMERICAN ACCOUNTING AND TAX COMPANY, P.A.

Principal Place of Business	Mailing Address 3463 N.W. 13TH ST.		
3463 N.W. 13TH ST. Gainesville fl 32609	GAINESVILLE FL 32609		
2 Principal Place of Rusiness	2a Mailing Address		
2. Principal Place of Business	2a. Mailing Address		
2. Principal Place of Business	2a. Mailing Address		

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90157 006 ***150.00

|--|--|

GAINESVILLE F		GAINESVILLE FL 32609			DO NOT WRITE IN THIS S	SPACE		
					3. Date Incorporated or Qualifed	JI NOL		
					` _			
8 5		2a. Mailing Address			08/01/1984 4. FEI Number	TA	priled For	
	lace of Business				1		ot Applicable	
21	# -1-	26 Suite, Apt. #, etc.			59-2431844		A iditional	
Suite, Act.	#, etc.	27 Suite, Apt. #, etc.			5. Certifcate of Status Desired		equired	
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be tc Fees	
Zip	Cour try	Zip	Count	ry	8. This corporation owes the current year intain	naible		
24	25	29	30	•	The state of the s	XYes	□No	
	9. Name and Address of C		1441		10. Name and Address of New Registered A	gent		
			8	1 Name				
JCHI	NSON, JULIE A.		L		(20.2			
	N.W. 13TH ST.		8	2 Street	Acdress (P.O. Box Number is Not Acceptable)			
	NESVILLE FL 32609		8	3				
40 iji	120.722 2 05000		"					
			8	4 City	FL	85 Zip	Cixde	
		7 0500 1 007 1500 51 1 01		un samad	· —	hanging its	ragistered	
office or r	egistered agent, or both, in the	77.0502 and 607.1506, Florida Statt State o`Florida. Such change was obligations of, Section 607.0505, Fl	authorized b	by the corpo	co poration submits this statement for the purpose of coration's board of directors. I hereby accept the appoint	tment as re	egistered	
SIGNATURE								
 -	Signature, typed or printed name of register		13.	jent signature r	ADDITIC NS/CHANGES TO OFFICERS / NI	DIRECTO	DES IN 12	
12.		RS AND DIRECTORS	1.1 11111		ADDITIC NATIONAL TO OTHER AND	Change	Addition	
TITLE	VP	Deceie						
NAME	JOHNSON, JULIE A		1.2 NAMI					
STREET ADDRESS	3463 N.W. 13TH STREET			ET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32609		1.4 CITY		<u></u>	☐ Change	Addition	
TITLE	P	☐ DELETE	2.1 TITLE			Change	☐ ∀acition	
NAME	SMITH, JOHN G		2.2 NAM	E				
STREET ADDRESS	3463 N.W. 13TH STREET		2.3 STRE	ET AODRESS				
CITY-ST-ZIP	GAINESVILLE FL 32609		2. 4 CITY	-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	Addition A	
NAME			32 NAM	E				
STREET ADDRESS			3.3 STR	ET ADDRESS				
CITY-ST-ZIP			3 4. <u>C</u> ITY	-ST-ZIP				
TITLE		☐ DELETE	4 1 TITLE	:		Change	☐ Addition	
NAME			4, 2 NAM	ΙE				
STREET ADDRES 3			4.3 STRE	ETADDRESS				
CITY-ST-ZIP			44 CITY	-ST-ZiP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAM	E				
STREET ADDRESS;			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP	10		54 CITY	-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME :			6.2 NAM	E				
			6.3 STRE	EET ADDRESS				
STREET ADDRESS			6.4 CITY					
CITY-ST-ZIP			0.4 (01)	51-Zn				

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 ce tify that the information indicates on this annual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made uncer 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 it changed, or on an attacher ent-with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

4/26/99