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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

ACCELERATOR, INC.

Mailing Address

Principal Place of Business 13622 PINE VILLA LN FORT MYERS EL 33912

13622 PINE VILLA LANE FORT MYERS FL 33912



US WIERS	5 FL 33312		US						
		30				3. Date incorporated or Qualified 12/10/1985	3a. Date of Last R 04/21/19	eport 95	
2. Principal Pla	2a. Mailing Address	ng Address			4. FEI Number Applied For Not Applied For Not Applicabl		Applied For Not Applicable		
Suite, Apt. #		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 7 7 7	Additional Required	
City & State		City & State	City & State			6. Election Campaign Financing	\$5.0	O May Be	
ES FORT .	MYERS FL	28	28			Trust Fund Contribution		Added to Fees	
Zip	Country	Zip	CC	ountry		8. This corporation has liability for in		199.032,	
4 3390	<u> </u>					Florida Statutes Yes 🔼 No			
	9. Name and Address of Curn	ent Registered Agent	·-· ·	-		10. Name and Address of New Re	igistered Agent	· 	
DUOL D DELL					81 Name				
PUGH, R. DELL 13622 PINE VILLA LN.				82 Street Address (P.O. Box Number is Not Acceptable)					
	INE VILLA LIV. IRS FL 33912								
ri. Mic	:NO FL 33912			83					
				84	City		 85 Zi	p Code	
					L	ation submits this statement for the purp	FL 🐃		
SIGNATURE	h, and accept the obligations of, So Signature, typed or printed name of registered e.j				n) signa ura requirea	d of directors. I hereby accept the appo	DATE		
12.		IND DIRECTORS	13		r. agria tire required	ADDITIONS/CHANGES TO OFF		ORS IN 12	
IITLE	PST	DELETE					☐ Change	Addition	
AME PUGH, R. DELL 13622 PINE VILLA LANE		_		1.2 NAME					
			1,3		ADDRESS				
CHTY-ST-ZIP	FT MYERS FL			1,4 CITY - ST - ZIP					
TITLE	D	DELETE	2 1	2 1 THE			☐ Change	Addition	
NAME	PUGH, R. DELL		2.2	NAME					
STREE1 ADDRESS	13622 PINE VILLA LANE		2.3	STREET	ADDRESS				
CITY-ST-ZIP	FT MYERS FL		2.4	CITY-S	ST-ZiP		,		
TITLE		DELETE	3 1	TITLE			☐ Change	Addition	
NAME			3.2	NAME					
Stree1 address			33	SIREE	1 ADDRESS				
CITY-ST-ZIP				CITY - S	ST-ZIP		53.0		
TITLE		DELETE		1 TITLE			Change	Addition Addition	
NAME			1	NAME					
STREET ADDRESS					ADDRESS				
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NAME				NAME	LADDOTCO				
STREET ADDRESS			1		I ADDRESS				
CITY-ST-ZIP		□ DELETE		CITY-!	51 · ZIP		☐ Change	Addition	
TITLE		[] DECETE	Ο.	DILLE			L change		
		-	2.0	SEASE	1				
TITLE NAME				NAMÉ etbec	SSIGNAL I				
			63		I ADDRESS				

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 it 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 chapters, or on an analychmost with an address.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

941-277-5177