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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

95 MAY -1 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H99936** **(7)**

1. Corporate Name

ACCURATE BOOKKEEPING SERVICES, INC.

Principal Place of Business: 6801 GEORGE M. LYNCH DRIVE NORTH, ST. PETERSBURG FL 33702

Mailing Address: 6801 GEORGE M. LYNCH DRIVE NORTH, ST PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1986
3a. Date of Last Report: 07/06/1994
4. FEI Number: 59-2638232 — 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 has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business (21–25): Suite, Apt. # etc.; City & State; Zip; Country
2a. Mailing Address (26–30): Suite, Apt. # etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

STUFFLEBEAM, MICHAEL W.
6801 GEORGE M. LYNCH DRIVE NORTH
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STUFFLEBEAM, MICHAEL W.
STREET ADDRESS	6801 GEORGE M LYNCH DR.
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D
NAME	STUFFLEBEAM, ELIZABETH J
STREET ADDRESS	6801 GEORGE M LYNCH DR.
CITY-ST-ZIP	ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Block 12)

(Six blank entries: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — [ ] Change [ ] Addition)

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)(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.

SIGNATURE: Michael W Stufflebeam — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4-28-95 — Daytime Phone 813-526-8004

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