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Feb 01, 1999 8:00am
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 # J36057

1. Corporation Name

ACCENT BUSINESS PRODUCTS OF SOUTHWEST FLORIDA, I
NC.

Principal Place of Business

6261 ARC WAY
FT. MYERS FL 33912
US

Mailing Address

PO BOX 60011
FT MYERS FL 33906
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1986

4. FEI Number

59-2728402

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 owes the current year intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

TURBEVILLE, LARRY R.
ACCENT BUSINESS PRODUCTS OF SOUTHWEST FLORIDA, I
NC. 516 LAKE AVE.
LEHIGH ACRES FL 33936

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
TURBEVILLE, LARRY R.
516 LAKE AVE
LEHIGH ACRES FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
TURBEVILLE, SHARON
516 LAKE AVE
LEHIGH ACRES FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TURBEVILLE, LARRY R.
ACCENT BUSINESS PRODUCTS OF SOUTHWEST FLORIDA, I
NC. 516 LAKE AVE
LEHIGH ACRES FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6261 ARC WAY
FT. MYERS FL 33912

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TURBEVILLE, LARRY R.
516 LAKE AVE
LEHIGH ACRES FL
STD

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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: Sharon Turbeville

Sharon Turbeville 941-939-0077

1-11-99