FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (1)ACCO ACCOUNTING INC. Principal Place of Business Mailing Address % ARTHUR K. GOLDING % ARTHUR K. GOLDING 1437 CLEARLAKE ROAD 1437 CLEARLAKE ROAD COCOA FL 32922 COCOA FL 32922 3. Date Incorporated or Qualified 3a. Date of Last Report 11/20/1986 08/04/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2740977 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required Crty & State City & State 6. Election Campaign Financing \$5.00 May Be 23 \Box 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes TYes KNO 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 **GOLDING, ARTHUR K.** 82 Street Address (P.O. Box Number is Not Acceptable) 1437 CLEARLAKE ROAD COCOA FL 32922 83 84 City 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. Thereby accept the appointment as registered agent. It am familiar with, and accept the obligations. Section 90.00 florida Statutes. SIGNATURE ert er i ferri i fattingt. 12 CR2E034 (12/95) OFFICERS AND DIRECTOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE Change Addition GOLDING, ARTHUR K. NAME 1.2 NAME 100 BROOKHILL DR STREET ADDRESS 1.3 STREE! ADDRESS COCOA FL CITY-ST-ZiP 1.4 CITY - ST - 7:51 TATLE [] DELETE 2.1 TICLE Change Addit on NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CFTY - ST - ZIP 2.4 CiTY+ST+ZIP TITLE DELETE 3 1 TIFLE Change Add-tion NAME 3.2 NAME 🟅 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHTY - ST - ZIP THILE DELETE 4. 1 THE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-2IP 4.4 CITY - ST - ZIP THE DELETE 5.1 UTLE ☐ Change Add-tion NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - ST - ZIP TITLE DELETE € LIHLE Change Addition NAME 6.2 NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 oath, that I am an officer or detailed in the corporation on the respector trustee exhibitivesed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Bl

6.3 STREET ADDRESS

&4 CHY+ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-632-0560