

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90198 033 ***150.00

DOCUMENT # J96833

1. Corporation Name

OCEANWAY BOOKKEEPING, INCOME TAX AND SECRETARIAL
SERVICE, INC.

Principal Place of Business

462 NEW BERLIN ROAD
JACKSONVILLE FL 32218

Mailing Address

462 NEW BERLIN ROAD
JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1987

4. FEI Number

59-2848459

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

9. Name and Address of Current Registered Agent

BOSWELL, ETHEL H
462 NEW BERLIN RD
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name
Speigle, Ethel H.
82 Street Address (P.O. Box Number is Not Acceptable)
462 New Berlin Road
83
84 City
Jacksonville FL 85 Zip Code
32218

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

Ethel H Speigle

ETHEL H SPEIGLE

PRES

4-26-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|------------------|-------------------|-----------------------|--------------------------|
| PD | BOSWELL, ETHEL H | 462 NEW BERLIN RD | JACKSONVILLE FL 32218 | <input type="checkbox"/> |
| VSTD | SCOTT, DOLORES S | 462 NEW BERLIN RD | JACKSONVILLE FL 32218 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE | Change | Addition |
|-------|---------------------|---------------------|------------------------|--------------------------|-------------------------------------|-------------------------------------|
| PD | Speigle, Ethel H. | 462 New Berlin Road | Jacksonville, FL 32218 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| VSD | Scott, Dolores S. | 462 New Berlin Road | Jacksonville, FL 32218 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TD | Dillard, Louanne W. | 462 New Berlin Road | Jacksonville, FL 32218 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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: Ethel H Speigle ETHEL H SPEIGLE

4/26/99

904-757-4110

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (1/1/98)