

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

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K17751 (4)
1. Corporation Name
FULKS-LOSTETTER TAX, FINANCIAL & ACCOUNTING, INC

Principal Place of Business
% KIMBERLY J. LOSTETTER
5823 26TH ST. WEST
BRADENTON FL 34207

Mailing Address
% KIMBERLY J. LOSTETTER
5823 26TH ST. WEST
BRADENTON FL 34207-3523



3. Date Incorporated or Qualified 03/10/1988
3a. Date of Last Report 04/25/1996
4. FEI Number 65-0036624
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 ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

LOSTETTER, KIMBERLY J.
5823 26TH ST. WEST
BRADENTON FL 34207

10. Name and Address of New Registered Agent

81 Name JO ANN M. FULKS
82 Street Address (P.O. Box Number is Not Acceptable) 5823 26TH ST W
83
84 City BRADENTON FL 85 Zip Code 34207

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 *Jo Ann M. Fulks*
Signature: Typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 3-31-97

12. OFFICERS AND DIRECTORS
TITLE PD
NAME LOSTETTER, KIMBERLY J.
STREET ADDRESS 5823 26TH ST. WEST
CITY-ST-ZIP BRADENTON FL
TITLE D
NAME FULKS, JOANN
STREET ADDRESS 5214 BIMINI DR.
CITY-ST-ZIP BRADENTON FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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

14. I do 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.

SIGNATURE: *Jo Ann M. Fulks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 3-31-97

Daytime Phone #

CR2E034 (9/96)