## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(0)

DOCUMENT #  1. Corporation Name	K46411	(0
B-ACCU FLORIDA,	INC.	

Principal Place of Business PO BOX 10200 BRADENTON FL 34282 21

Mailing Address PO BOX 10200 **BRADENTON FL 34282** 

BINDERION IL 04202							3. Date Incorporated or Qualified 3a. Date of Last Report					
							3. Date Incorporated	or Qualified	<b>3a</b> . Da	te of Lasi	нероп	
							11/16/1988		l	07/19	/1995	
, Principal Place of Business		2a. N	Mating Address				4. FEI Number				Applied For	
	, 01 200 10111	26	·				65-01516	70			Not Applicable	
Suite Apt. #, etc.		27	Suite, Apt. #, etc.		5. Certificate of Statu		\$8.75 Additional Fee Required					
City & State			City & State		6. Election Campaign Trust Fund Contrib	_			.00 May Be ided to Fees			
Zip	Country		Žip	Cour	ntry		8. This corporation ha	as liability for i		tax unde	rs 199.032,	
	25	29		30			<b>I</b>	<i>_</i>		d Acont		
	g. Name and Address of Cu	rrent Registe	red Agent				10. Name and Addre	SS DI NEW FI	egistere	u Myeni		-
	•				81	Name						
TENE NORTH TAMIAMI TRAII				82	Street Address (P.O. Flox Number is Not Acceptable)					ble		
				83							able al	
3.41.0				Zip Code								

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above mined 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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

12.	OFFICERS AND DIRECT	ORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CEOP	☐ DELETE	1 1 III.E	Change Addition
IAME	DARLA WALKER		1.2 NAME	
TREE1 AUDRESS	7508 NORTH TAMIAMI TRAIL		1.3 STREET ADDRESS	
ITY - ST - ZIP	SARASOTA FL 34243		1.4 C-1 Y - \$1 - 7 IP	
TLE	CFO CFO	[] DELETE	2 1 H <sup>2</sup> LE	Change Addition
AME	WILLIAM LIVINGSTON ,		2.2 NAML	
REET ADDRESS	1135 PASADENA AVE. SO. 305		2.3 STREET ADDRESS	
TY - ST - ZIP	ST. PETERSBURG FL 33707		2.4 CHY St. Zir	
ILE	VP	☐ DELETE	3 1 THEF	Change Additio
AME	KIM HANLEY,		3.2 NAME	
IREET ADDRESS	7508 N. TAMIAMI TRAIL		3.3 STREET ADDRESS	
ITY - ST - ZIP	SARASOTA FL 34243		3.4 CH + ST-7P	
TLE	<u> </u>	☐ DELETE	4 1 THEF	Change Additio
AME			4.2 NAME	
TREET ADDRESS			4.3 STHEET ADDRESS	
IFY-ST ZIP			. 4.4 Cil r - S1 7m²	
ITLE		DELETE	5 1 THILF	Change Addition
IAME			5.2 NAME	
TREET ADORESS			5.3 STHEET ADORESS	
ITY-ST ZIP			5.4 C(T)   S1 - Z(P)	
TLE		DELETE	6 1 TIPLE	Change Addition
IAME			6.2 NAME	
STREET ADDRESS			6.3 STREET AUDRESS	
CITY ST. 7ID			6.4 City - ST ZIP	

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and dues not qualify for the exemption stated in Section 119.07(3)(k). Fiorida Statutes I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under coath; that I am an officer or director of the composition or this receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16. 4 (17) - 51 (17) - 61 (17) -