


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

FILED  
Mar 31 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K46411** (0)

1. Corporation Name  
**B-ACCU FLORIDA, INC.**

Principal Place of Business

PO BOX 10200  
BRADENTON FL 34282

Mailing Address

PO BOX 10200  
BRADENTON FL 34282

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/16/1988**

4. FEI Number

**65-0151670**

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 or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **7442 N. Tamiami Trail**

Suite, Apt. #, etc.

22 City & State  
**Sarasota, Florida**

23 Zip **34243** 24 Country **USA**

2a. Mailing Address

Suite, Apt. #, etc.

26 City & State

27 Zip 28 Country

9. Name and Address of Current Registered Agent

**DARLA WALKER**  
**7508 NORTH TAMiami TRAIL**  
**SARASOTA FL 34243**

10. Name and Address of New Registered Agent

81 Name

**Darla Walker**

82 Street Address (P.O. Box Number is Not Acceptable)

**7442 N. Tamiami Trail**

83

84 City

**Sarasota**

FL

85 Zip Code

**34243**

11. Pursuant to the provisions of Sections 607.0505 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 obligation 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)

**3/25/98**

DATE

12. OFFICERS AND DIRECTORS

TITLE **CEOP** ☐ DELETE  
NAME **DARLA WALKER**  
STREET ADDRESS **7508 NORTH TAMiami TRAIL**  
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **CFO** ☐ DELETE  
NAME **WILLIAM LIVINGSTON,**  
STREET ADDRESS **1135 PASADENA AVE. SO. 305**  
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE **VP** ☐ DELETE  
NAME **KIM HANLEY,**  
STREET ADDRESS **7508 N. TAMiami TRAIL**  
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CEOP** ☒ Change ☐ Addition  
1.2 NAME **Darla Walker**  
1.3 STREET ADDRESS **7442 N. Tamiami Trail**  
1.4 CITY-ST-ZIP **Sarasota, Florida 34243**

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

3.1 TITLE **VP** ☒ Change ☐ Addition  
3.2 NAME **Kim Hanley**  
3.3 STREET ADDRESS **7442 N. Tamiami Trail**  
3.4 CITY-ST-ZIP **Sarasota, Florida 34243**

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

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

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

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.

SIGNATURE:

**Darla Walker** **3/25/98** **(941) 355-1963**

CR2E034 (10/97)