

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K61682** (6)
1. Corporation Name
FLORIDA COMPUTERIZED BOOKKEEPING, INC.

Principal Place of Business Mailing Address
143 EAST MIAMI AVE.
SUITE B
VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/19/1989** 3b. Date of Last Report **06/28/1994**
4. FEI Number **65-0109564** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAOLI, LAWRENCE H.
143 EAST MIAMI AVE.
SUITE B
VENICE FL 34285

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent and New Registered Agent)

(Signature of Registered Agent (Required when Incorporating))

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **P**
2. NAME **PAOLI, LAWRENCE H.**
3. STREET ADDRESS **143 EAST MIAMI AVE. STE C**
4. CITY, ST, ZIP **VENICE FL 34285**
5. TITLE **V**
6. NAME **DEWITT, MARIE**
7. STREET ADDRESS **4280 DOBLINS ROAD**
8. CITY, ST, ZIP **NORTH PORT FL 34287**
9. TITLE **ST**
10. NAME **WILLIAMS, LAURA L**
11. STREET ADDRESS **248 MARK TWAIN LANE**
12. CITY, ST, ZIP **ROTONDA WEST FL 33947**
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY, ST, ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY, ST, ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(g), 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 (changed), or on an attachment with an address.

SIGNATURE:

Lawrence H. Paoli
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95
Date

813-488-3407
Telephone Number